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# THE HOMŒOPATHIC RECORDER

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## CANCER FROM NEW OR OLD (?) ANGLES.

Sir Henry Butlin, Past President of the Royal College of Surgeons of England, and Hunterian Professor, recently delivered a lecture before the Royal College of Surgeons (*Lancet*, Dec. 2) on "Unicellula Cancrī" that is really remarkable in its conclusions, opening up, as it does, new vistas in medicine that are certainly noteworthy. The lecturer covers the field thoroughly and what he says is accompanied by numerous illustrations, but what is sought here is to give the conclusions arrived at through all this careful research. He concludes in part as follows:

"Six years ago I summed the evidence in favor of the only two views which could reasonably be put forward: *Entrance from without* or *formation within* the body; and came reluctantly to the conclusion that the evidence of 'formation within' was stronger than the evidence in favor of 'entrance from without.' I say 'reluctantly' because it led to the logical conclusion that new species of living creatures are created from a source and in a manner which has never hitherto been imagined. Nevertheless during the last six years the evidence in favor of 'formation within' the body has grown steadily stronger, while nothing has been added to the evidence in favor of 'entrance from without.'"

The full reach of this confirmed conclusion becomes apparent when it is considered that cancer is a very old, widespread and, of late, rapidly increasing disease, which *originates "within."* If this be true of cancer, why not of poliomyelitis, tuberculosis and others? If it does the result is revolutionary. Following this, the first conclusion, is a summary of the reasons which lead to it. A little farther on the lecturer makes the following final conclusion:

"There is one, and only one, explanation of the conduct of the

cancer cell—that it has been endowed with that wondrous gift which no man has seen and which no man can understand—the gift of life; and that, owing to that gift, it has become an independent creature, a new creation of living thing. The host in which it dwells has fashioned it out of his own tissues and in the likeness of his tissues, and, to borrow the figurative language of Scripture, the Creator has breathed into it the breath of life, and it becomes a veritable Frankenstein's monster, bent on the destruction of its host. After ages of past and present civilization, during which searchers and philosophers have sought to explain the origin and nature of life, we have come no further than this, and he who discovers the true origin of cancer will have solved the enigma which has hitherto baffled the searchers and philosophers in all ages and of all countries.”

Is not that a startling, almost stunning, conclusion to go forth from a great medical centre? Sir Henry's allusion to *Genesis* suggests that if God breathed into man the breath of life, He must continue to do so just as the sun continually makes natural life possible on this globe; that with the breath of life mankind (Adam) became living creatures, with freedom to eat of the tree of knowledge of good and evil—and take the consequences.

But there is another very curious vista opened by this medical-philosophical declaration, namely, it, in a manner, completes a circle of millenniums and brings us back to the earliest known days of human intelligence prevailing in Egypt and Babylon, when, by reasoning akin to that of Sir Henry's, disease was believed to be living, foreign, beings who infested man. If the cancer is an independent, *living* entity, having a malignant life apart from man's, were the ancients illogical (from this, the most modern point of view) in attributing that life to demons? That is the way they explained the mysterious thing that so puzzles the modern scientist. We are not saying that the ancients were right, but we do say that in this matter they and Sir Henry are very close to rubbing elbows. The too common idea that those men were a simple childish race is a great error, as recent research proves, for, while they did not know of the railroad or the telegraph, otherwise they were very much in the adult class when it came to mentality. Nor, indeed, aside from the railroad, telegraph, etc., were they greatly different from ourselves, as witness

the tablet, unearthed by the excavators, from a young man, an engineer on one of the Babylonian canals, requesting his father to send him something fit to eat, as the village in which he was at the time stationed had nothing he liked.

But to come back from those very far-off days to our own. The foregoing quotations give you the latest conclusions on the subject of cancer. If they are true it follows that the surgeon is the only one capable of removing this alien from its victim. But here comes in the curious fact, which could be used with considerable force to uphold the old demonology theory, that when removed by the knife the same mysterious power so often re-creates (?) the cancer.

Aside from all question of the origin it seems to us that there are but two rational ways of treating cancer—by purely homœopathic medication, or by the knife *and* homœopathic medication. Our homœopathic literature contains many reports of cures, but, somehow, men today do not quite believe them, but that fact does not disprove their truth, but may merely demonstrate that too many homœopaths have strayed off the great medical highway to the City of Cure, Homœopathy, in search of short-cuts and have become a little confused as to the medical points of the compass. There is one good that may arise from all this, namely, that the learned physicians may come to realize that the micro-organisms are not the beginning and the ending of all disease; there are other things and playing the part of the sceptic has about had its day.

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## THE SACRED PRESCRIPTION.\*

By Jno. W. Mullin, M. D., Wilmington, Del.

When the divine injunction was given to "Prove all things and hold fast that which is good," the great Law Giver proclaimed the only infallible prescription by which man can reach the perfect conclusion.

In applying this test to the various problems of life we are often amazed at its simplicity and the ease by which we can distinguish right from wrong or the perfect from the imperfect.

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\*Read before the Hom. Med. Society of Chester, Delaware and Montgomery Counties, Dec. 12, 1911.

Measured by this standard, however, the truthfulness of the perfect must be the *good* in the problem we analyze, inasmuch as it will harmonize with every proof we apply, and establish the fact that the perfect conclusion is the perfect law.

When seeking the good or perfect in any problem then, it is this harmonizing of all proof that will reveal the good to which we are enjoined to hold fast in this sacred prescription.

Now the medical profession is concerned with the most vital problem of life—vital to life in the double sense of importance and conservation, and the duty of each practitioner, at once, becomes his sacred obligation to prove all things medical and hold fast that which is good.

This self-evident truth cannot fail to impress the conscientious physician with the fact that the perfect conclusion of this problem cannot be other than the one perfect method of restoring health to the sick—a method harmonizing with truth itself and demonstrating the majestic supremacy of irrefutable law.

On the other hand, constructive medical conclusions are false and imperfect when the square and plumb lines of truth are disregarded in their building, and they cannot be otherwise, because the ideal of perfection is single and borne of perfect law.

From these axiomatic deductions thinking medical men will admit that the only perfect way of restoring health to the sick must be some single unalterable method begotten of the perfect law.

Two important questions now will naturally arise—first: “Has that perfect unalterable method or law of cure *been* revealed?” and, second: “If so, can its perfection be demonstrated beyond a single doubt by the rule of reason as set forth in the sacred prescription?”

Preliminary to answering these questions let us pause briefly and clear away the ground for the foundation of our structure building.

We should first understand the relationship existing between health and natural law, and between disease and natural law.

Health is a state of perfect harmony existing between the perfect coördination of organized cell life of the outer man, and the will and understanding or vital force of the inner man.

Health means life generation, and suggests complete mental and physical harmony with natural law.

Now the rule of reason will convince the medical mind that where harmony is lost discord begins; hence disease, being the antithesis to health, would result, primarily, from a discordant rupture in that harmonious mental and physical state known as health.

Without going further into detail disease then is, plainly, that condition or state of the human economy resulting from violation, primarily, of some natural law,—a disturbance which means degeneration, disintegration and death.

Now if health exists by virtue of mental and physical harmony with natural law, and disease because of mental and physical discord with natural law; surely the successful method used to turn this discord of disease into the harmony of health must be harmoniously related to natural law; and if that method be perfect—it must be *the* natural law of cure:—and it will abide alone, demonstrating the utter futility in wasting human energy chasing will-o'-the-wisp doctrines and evanescent methods of cure built upon the sandy foundation of human vanity.

Again, in order to trace this harmonious relationship of the curative law to the natural law, it is necessary that we fully understand the meaning of the word "cure."

According to Webster, "cure," in the medical sense, means: "Act of healing, or state of being healed; restoration to health from disease."

In other words, medical cure means a restoring to the patient that which is lost of the natural order of harmony or health.

A medical cure always relates to the patient and never to the disease as acted upon.

The common idea among the laity and the majority of physicians is that when a patient recovers health it is the disease which has been cured instead of the patient.

Hence we hear of specific remedies for certain diseases and other "sure cures" for different ailments; and it can readily be seen that while the grouped pathological symptoms forming the diagnosis may be removed or altered by different methods of treatment the patient is not and cannot be cured until that complete mental and physical harmony is restored in its proper relationship to the natural law by the curative law method.

Now if "cure" relates entirely to the patient and implies a



restoration to health from disturbed coördinate harmony with natural law, then the curative law has only to do with that method of treatment which will most quickly and safely restore that lost equipoise in lawful manner.

In proof of this we have but to consider the fact that the true disease must be represented, lawfully, by the totality of symptoms and not those for diagnosis alone.

On the other hand, the symptoms representing the so-called diagnosis of disease are only those of a pathological character,—often only a small part of this totality; and any method of treatment used to cure the patient that disregards the value and weight of the totality of symptoms must and will be entirely inadequate to fit the requirements of a curative law.

To the same extent would we deplore the miscarriage of justice when the verdict was rendered upon hearing only a part of the evidence before a court of law.

Let us turn now to our first question, viz.: Has that perfect unalterable method or law of cure been revealed?

“Truth forever on the scaffold,  
Wrong forever on the throne.”

This sentiment is not theoretical, but is, we are constrained to confess, a condition too true.

“History,” says Gibbon, “is indeed little more than the register of the crimes, follies and misfortunes of mankind.”

Truth has seldom been even sufficiently popular to attract the serious attention of mankind from the very beginning of history; and in this day of commercialism the glitter of gold has brought about a condition of moral astigmatism which seems to be contagious, for even the medical profession has great need for wearing the corrective lens.

But so long as truth is unpopular we cannot expect the doctrines of truth to be popular; and when Samuel Hahnemann instituted his medical reformation at the close of the eighteenth century the truths he enunciated were not only received with the strongest incredulity, but, as genius and misfortune go hand in hand, this celebrated reformer of medical science and art, himself, must drink of the cup of bitter tribulation offered by former friend and foe alike.

I think it is Dr. Colton who says: “The most sublime spectacle



in the world is a powerful mind vindicating truth in the presence of its foes and a martyr calmly sealing his faith with his blood."

Though dismayed and wounded by the bitter waves of calumny and persecution, Hahnemann was never discouraged, for he had struck the rock of medical truth and the spring of true medical doctrine gushed forth.

He first proved the nothingness of the old system after eight years of scrupulously careful practice and retired, conscience stricken, to private life and poverty; but with the firm conviction that somewhere in the universe there was an undiscovered method of restoring health to the sick harmonious with natural law.

By inspiration he experimented with quinine on himself, taking frequent doses to find out its medicinal effect on the body in health, and after repeated experiments with this and other medicines he prescribed them in sickness for similar symptoms with the greatest success, revealing to himself and to the world the only perfect unalterable method of cure, by virtue of the natural law of similars.

Moreover these experiments proved beyond question the three fundamental principles of truth upon which the structure of Homœopathy is reared; all three of which must be strictly observed if the *science* of medicine is to remain a human factor in restoring health to the sick in the shortest, safest and sanest manner.

These fundamental truths are: First, that the only possible way of learning the curative virtue of a medicine is to prove that medicine on those in health; second, that the totality of symptoms *alone* constitutes the disease.

I would here make finer distinction between disease and diagnosis: disease, as we have seen, is the true state of affairs in sickness represented by the totality of symptoms; while diagnosis is represented only by those symptoms which indicate the pathological state or tissue changes without regard to the different personal temperaments and idiosyncrasies which may involve the mental, moral and physical parts of the organism.

We have before remarked that the only just verdicts are those rendered after weighing all the evidence before the court; and if the *true* disease is to be known in sickness we must know *all* the symptoms—mental, moral and physical—that can be obtained subjectively and objectively.

Now we will suppose a case of sickness in which the totality of symptoms corresponds to the symptoms produced on a person in health by the medicine known as *Sulphur*.

Be it remembered, it is the *patient* that is to be cured if health is restored, and in this case the natural disease influence has removed the vital force from the health line of harmony in exactly the same direction that *Sulphur* will remove it if administered to a person in health.

Can any proposition of truth be plainer than that the true disease in this case *is*, and should be *called*, *Sulphur*?

Let the diagnosis be known by what the few pathological symptoms represent to the materialist, but let the followers of lawful doctrine call disease by its true and proper name, as represented by the totality of symptoms.

We are not unmindful of the value of diagnosis for purposes of prognosis, but how absurd it is to attempt to restore health to the patient by treating the symptoms of diagnosis alone,—and what honorable court of medical law could announce the curative verdict by exclusion of the most important evidence?

The third fundamental principle of truth demonstrated by Hahnemann in his experiments was—that the curative virtues of medicines are increasingly developed by potentization.

In the first experiments of proving medicines on the healthful subject the crude drug was, naturally, the first used until it was learned too great disorder was occasioned in the system which masked the finer symptoms or prevented their occurrence,—as afterward proven when he used the small and smaller dose.

Again, he found in prescribing for the sick the crude medicine caused too severe pathological aggravation, which was avoided by the smaller dose.

Hahnemann did not *discover* the infinitesimal dose, but rather it was revealed to him through careful experiment and observation, proving, too, the law of divisibility of matter which teaches that the spirit-like force of simple substance is released from matter in proportion as its envelopes are removed, thus placing it on or nearer the plane of the spirit-like *vital* force.

This truth is further proven by the fact that formerly considered inert substances brought forth no symptoms whatever in medicinal provings till after the sixth potency was used; and

many more symptoms were produced by them in later provings by the still higher potencies.

Moreover, the characteristic symptoms of many of our remedies have been produced only by the two hundredth and higher potencies.

Let me here note a few aphorisms from the writings of Dr. Ad. Lippe, than whom we have no better authority, and which have been verified time after time by the writer and all true followers of the natural law of cure.

Dr. Lippe says: "The followers of Hahnemann accepting the fundamental principles of Homœopathy have, from time to time, given publicity to the results of their experience, and all have found themselves constrained to state that the most brilliant results were obtained from the higher attenuations, and that in some cases, where even the two hundredth potency was not sufficient to eradicate disease, the higher potencies were successfully used; that it was essential never to administer a second dose of the same remedy or a dose of a new medicine till the action of the former dose was fully exhausted; and that this action is often of long duration; that the lower doses never cure when the higher attenuations were administered unsuccessfully; that the duration of disease is very much shortened if the higher attenuations are administered."

We have now, I think, successfully answered in the affirmative the first important question, viz.: "Has that perfect unalterable method or law of cure been revealed?" And we now proceed to prove our second query a positive fact, that, stated affirmatively,—the perfection of this curative law *can* be demonstrated beyond a single doubt by the rule of reason as set forth in the sacred prescription.

This may be best accomplished by relating a few cases of practical demonstration.

We will first mention two cases of acute disease recently attended.

Case No. I.—Diagnosis: Diphtheria. Disease: Lycopodium.  
Gertrude N., a girl of eight years

Father called at my office and said the girl had had bad cold in head for two days. Nose was stopped and she seemed to have fever, which began some time in the night. Cheeks were red.

Said there was no sore throat, as he had been watching for diphtheria, inasmuch as some of her playmates had recently been thus afflicted, one of whom had died after antitoxine had been used. I asked what had been done for his girl, and he said some patent "cold cure" had been given and goose grease used externally to throat and nose. I suggested seeing the child before prescribing, thinking she was seriously sick, but he decided to take medicine, and if no better next day would send for me. On the meagre symptoms elicited I prescribed *Nux vom.* 200, four powders dry on tongue one hour apart, followed by S. L. in water, a teaspoonful each hour. Was sent for following day and found (Nov. 3d): Temp., 103; pulse, 120.

Both nostrils closed with yellowish-white deposit.

Both tonsils and part of uvula similarly covered.

No glandular swellings noticeable. No appetite.

Some soreness externally to touch on both sides.

Breath offensive. Painful deglutition.

High fever all night without perspiration.

Had some thirst and throat felt better from cold drink.

Urine clear, but high colored. Other functions normal.

*Lach.* c. m. Two powders on tongue, 1 hour apart, was given followed by S. L. in water, as before.

Nov. 4.—Found general condition worse.

Considerable swelling of submaxillary region, L. side.

Left nostril had been oozing bloody, watery fluid.

Throat deposit had not increased in area.

Other symptoms were unchanged except that warm fluids were more soothing in swallowing.

*R.* *Lyc.* 200. Four powders, dry, on tongue, one hour apart, followed by S. L. in water as before.

Nov. 5.—General improvement. Temp. and pulse less.

Had better night—less fever in night.

Swelling on L. side throat and neck had diminished one-half. Able to swallow more nourishment.

Inspection showed less deposit on L. tonsil.

*R.* Continued S. L. as before.

Improvement was uninterrupted for four days—exudate cleared from L. tonsil first, then uvula and R. tonsil in succession.

Left nostril then opened for breathing and deposit disappeared. Temp. and pulse became normal.

Nov. 10th.—I noticed no improvement for past two days and tongue now was dry with brown streak down center. Pulse and temp. normal.

R. *Lycopod.* 43m. Four powders were given dry on tongue 1 hour apart and S. L. as before.

Nov. 11.—Improvement began. R. nostril cleared and recovery promptly followed, and with it came appetite, strength and good cheer.

This case illustrates the truth observed by Hahnemann, that under the curative law action of the similar remedy the symptoms recede in the inverse order of their coming; and while I had no knowledge of just where this membranous deposit started the order of its disappearance proved to me it began in right nostril possibly a day or so before nostrils became occluded; and had this been known when first prescribed for *Lycopodium* then would have at once stopped the process and restored sooner to health.

Case 2.—Diagnosis: Diphtheritic Croup. Disease: Lac Caninum.

George C. Boy of 5 years. Light hair.

Mother brought him to my office in evening, presenting the following symptoms:

Rattling, choking cough. Voice hoarse and husky. Had some difficulty in breathing the night before, with croupy cough in the night; worse before midnight. Slight fever. Sensitive to cool air.

Nov. 11.—R. *Hepar sulph.* 200. Six powders 1 hour apart on the tongue.

Nov. 12.—Was sent for and found patient had a bad night. Was worse after sleep. Had high fever with croupy, strangling cough. Cough tighter with little or no expectoration. Voiceless with sawing respiration. Thirst for cold water. Inspection showed a small white spot one-eighth inch in diameter on left tonsil. Profuse sweat of head and hands. Breath offensive.

R. *Lachesis* c. m. in water, teaspoonful every half hour for four hours, followed by S. L. in water.

Nov. 13.—Had relief over preceding night and day. Less fever and some expectoration of white mucus.

Improvement continued slowly for seven days, but still cough



continued at intervals, with husky voice and offensive breath; cough was looser and expectoration of white mucus continued. Throat was clear of deposit.

Nov. 20.—Found all symptoms returned and much worse. Cough tight and loose alternately. Painful to throat and upper chest, without expectoration. Croupy. Respiration a serious matter. Face blue at times. Stridulous and crowing respiration. High fever and pulse rate. Profuse sweat of head and hands. Inspection showed a new deposit, white like china, but small in area, on the right tonsil, similar to what was before seen on the left tonsil.

*Lac caninum* c. m. Administered in water, a spoonful every half hour for six hours, relieved almost instantly and restored to normal state in few days.

Now, to prevent any suspicion on the part of the incredulous that these patients were cured spontaneously of their acute ailments, let me relate three chronic cases briefly.

Case 1.—*Diagnosis:* Paralysis Auditory Nerves from Shock. Disease: *Arnica*.

Nellie E., a plump lass of nine years.

The mother related that when a child of four years she had fallen headlong down the cellar steps, landing on back of her head. Was unconscious for few minutes, but dazed for several hours afterward. Aside from some external contusion and swelling with the usual soreness apparently no damage was done except that she could not hear at all for a few weeks, but after this period she could hear the loudest noises, and the human voice if raised to high pitch with the mouth of the speaker directly to the ear. Both ears equally deaf. She had been under both hospital and private treatment of specialist, following the injury, till the case was pronounced hopeless. She had had no treatment whatever for four years preceding the call for my service.

Inspection showed normal auditory conditions and there were no symptoms other than the historical, plus the nearly complete deafness, if we except the fact that the mind had not developed much beyond that of a four-year-old.

R. *Arnica* 30—a dose every three hours, during waking hours, for one week, at the end of which time the patient could hear perceptibly better; and at the end of one month the hearing

was normal; the patient started to school and is now the happy mother of a small family.

Case No. 2.—J. C. S. A man of 35 years. Grocer.

*Diagnosis:* Optic Paralysis both Eyes with Optic Atrophy.  
*Disease:* Natrum Muriaticum.

In Oct., 1901, I was first consulted by this patient and gleaned the following history, viz.: Late in the winter of 1901 he noticed a dimness of vision which gradually increased till the central view of all objects was lost horizontally, so that if looking at a face nothing could be seen but the chin and forehead. Left eye was first affected and the worse of the two. Consulted opticians for three months and had several changes made in glasses during that time.

His vision, however, gradually grew less and he was finally advised by the optician to consult a prominent oculist, which he did at once. The oculist easily diagnosed the case and promised a cure. For five months the patient visited him twice each week, had many changes made in lenses and took many prescriptions of medicine internally, but all to no use. His vision kept gradually diminishing till the left eye was entirely blind and the right eye nearly so, and when the oculist had relieved him of about \$300 he was magnanimously told that "all had been done that could possibly be done by medical science," and "that he would be hopelessly blind in a very short time." At this stage the patient called to see me as a "last hope." Not being in the resurrection business I did not promise a cure, but did say to him that if a cure was possible the homœopathic prescription, based on the Law of Similars and rightly applied, would lead him and his lost vision to the light. These briefly are the symptoms I found which showed his disease to be *Natrum muriaticum*, viz.:

No ambition to do anything. Would often sit and cry. Did not want sympathy. Craved condiments, especially salt. Good appetite, yet lost in weight from 135 to 119 pounds. Frequent creeps up and down the back, especially at 10 A. M. Eyes—dry, itching and burning of lids; pupils dilated, and before vision became so bad would see better momentarily by rubbing eye lids and would see rainbow colors around artificial light. Eyes watery at times. Had much squirming sensation in nostrils.

Infrequent doses of *Nat. mur.* in the 200-1,000 and c. m. poten-



cies, serially, brought this patient from 119 pounds in weight to 145 pounds in four months' time and restored him to a degree of health he had never before enjoyed, and with this metamorphosis came perfect vision to both eyes, which to this day, ten years later, remains unimpaired.

Case 3.—My third and last case to report is that of Mrs. A. M., aged 35 years, who thought she would like to know how to ride a bicycle, an art she only partly accomplished, when she fell from the wheel, fracturing one of her ankles.

It was during the bicycle craze in 1896, and the fracture was properly and promptly set and bandaged by a homœopathic physician. But instead of healing promptly ulceration at the seat of injury began and she was taken to the hospital for more constant and scientific care. After a time, with no good result in sight, amputation of leg was advised by the surgeons and later performed at the upper third. The operation was successful, but the most important part in the proceedings—the *patient* was not cured, and the ulceration process was renewed at the end of the stump and continued.

After residing at the hospital for three months and not caring for another "successful" amputation, which was advised as the only hope, the patient became homesick and departed for home to be relieved at least of this malady.

The stump was treated by applications of "fragrant" iodoform and other ointments for five years, but the patient was neglected for a like period of time, and of course the ulceration continued.

About this time a mutual friend asked my opinion of the case and from what he related of the circumstances I said she should be cured. By this friend's advice my services should be sought, but the family said we have already had homœopathic treatment, hospital and private, and it would be useless. However, the friend won his point by saying if I did not succeed in curing the patient he would pay the bill.

After an examination I found her disease to be *Silica*,—and we will allow the diagnosis of ulceration to remain undisturbed.

The symptoms which proved the disease to be *Silica* were these, viz.:

Swelling, thickening and hardness of the flesh at the end of the stump, with much local heat. Tissue was dark red and purplish,

and sensitive to slightest touch. At the end of the stump I found a depression of one inch in depth and as large in area as a silver dollar filled with a greenish bloody exudate, discharging a very offensive bloody pus. Sharp splinter-like pains extending upward to and above the knee; lancinating at times and worse at night and from cold. Much relief from heat.

Patient would frequently eructate food by the mouthful after eating and preferred cold to hot food.

*Silica* 200 in infrequent doses was prescribed, and in a few weeks this patient was not only restored to health, but the tissues at the stump assumed a natural condition and promptly healed, and the ulceration vanished. She now wears her artificial limb, but avoids the bicycle and is very grateful to our mutual friend.

And who will doubt that, had *Silica* been properly administered before the limb was amputated, it, too, would have been restored.

These few practical demonstrations of the perfect method of cure through the law of similars can but faintly illustrate the beneficence already rendered and yet in store for suffering humanity by the true followers of Hahnemann. The deaf, the blind and the halt may not be *beyond* the reach of this mighty law of truth, even though they be hopeless when subjected to those methods of cure built upon the hypotheses and imaginations of men.

"The grand and, indeed, the only character of truth," says Sir John Herschel, "is its capability of enduring the test of *universal* experience, and coming unchanged out of every possible form of fair discussion."

Can we, of homœopathic profession, not all trust her—this hand-maid of medical virtue? And in closing I would *again* remind you, it is the harmonies of life that, not only reveal, but will prove to you the good and perfect of *every* problem and the truth of every law.

The harmony of sound is music, the harmony of environment is happiness, the harmony of social conditions is peace, the harmony of mind, body and vital force is health; and the harmony which follows the application of the similar remedy to the similar symptoms of disease is the restoration to health (if the vital force be not exhausted beyond the power of reaction).

But these and all other harmonies exist only because they are integral parts of the natural law;—and the joy of conscience which comes of right thinking, right acting and right living is that harmony which radiates from the spirit of religion in the soul, begetting a faith in some higher power,—the Creator of Law and the Great Physician, who prescribed for the children of men—that we should “prove all things and hold fast that which is good.”

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## CHROMICO-KALI-SULPHURICUM.\*

By Dr. Mersch.

### In Affections of the Nasal Fossæ and Hay Fever.

Last year I had the honor to present at the 22d annual reunion of the American O., O. and L. Society an article having the same title as this one.

As I then remarked, C. K. S. (Alum of chrome) is a dark violet product, very soluble in water, and crystallizing in large crystals like bichromate of potash. I have seen no account of it in any work on materia medica nor even of medicine. Its chemical composition and the fact that the mucous membrane of the nose is very sensitive to its action first decided me to experiment with it upon the healthy man and then to prescribe it.

In my first note I mentioned different cases of nasal affections in which the 1, 2, 3 decimal triturations had produced a temporary cure, notably in hay fever, the patients having been able to combat effectually the periodic attacks by a few doses of the remedy taken at the onset.

Since the publication of that work scarcely twenty months have passed. I have not been able, therefore, not being a specialist, to collect numerous new cases. However in those that I have had to treat since then one will see cases of hay fever and a few cases of chronic affections of the nasal cavities.

As I practice general medicine, I have not made a special study of the affection that that note is principally concerned with. So, in order to avoid all equivocation in the minds of rhinologists under whose eyes these lines may fall, I will say that I under-

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\*Translated by W. A. Dewey, M. D., Ann Arbor, Mich.

stand by hay fever an affection characterized by frequent sneezing, lachrymation, discharge of abundant watery mucus from the nose with redness of the mucous membrane of the nose and the conjunctiva, oppression and sometimes bronchial asthma, all these symptoms manifesting themselves at certain periods of the year, notably in our country in the month of June in most patients.

Here are a few of these cases :

August 10, 1910.— J. L., aged 12, who has suffered for some time with this affection, manifesting itself by sneezing, a sensation of tickling in the nose, and irritation of the conjunctiva, but only when going in the country or in sitting on the lawn of her garden (even in the city). I prescribed C. K. S. first, in the 2x trituration, a powder every two hours, and then as amelioration was not produced in the 1x six powders a day. The second day after having taken the stronger dose there was a great amelioration; after three or four days of treatment the cure was complete, at least for all the rest of the present season, and even to-day Madame L. only sends her child to me because she fears a return. There are, however, no symptoms of it.

A very instructive point to notice in this case is that having omitted to notice the number of doses administered daily last year, I prescribed three powders a day of the 1x trituration. But this same trituration taken less often than last year (which I learned at the second consultation from a remark of Madame L.) did not produce the desired effect; a relapse occurred. I then prescribed six powders of 30 centigrams per day of the 1x, exactly the prescription of the preceding year, which equals 18 centigrams of chrome alum, but that time even at that dose the action of the remedy was not definite. As it seemed to indicate that a stronger dose was necessary I prescribed, June 3d, eight powders a day, being 24 centigrams of the pure drug. The fifth of June the child was completely cured, and had no further attacks to suffer from as a result. The nasal mucous membrane has a pale rose-like aspect. J. L. declares that not only did she not feel any distress at the stomach or elsewhere but that she feels altogether better.

June 3, 1909, Madame A. complained of constant sneezings, her eyes were red and filled with tears. Her symptoms were aggravated by the dry weather. Her affection is, it seems, hereditary. She has tried all remedies without the slightest result.

C. K. S., 2x trit., cured her in a week. No relapse occurred in 1909. The following year same result with the same dose. I received a letter from Madame A., living in England just now, she asks me to renew her medicine, and writes the following: "The powders that you prescribed completely cured me of a severe attack of hay fever. Last year I had no recurrence, but this year I had a very slight tendency to be seized again. I perceived in the back of the nose and throat the peculiar tickling and I sneezed some."

June 6th Mademoiselle C. consulted me for frequent attacks of sneezing, itching of the eyes and nose. The eyes burn. Prescribed C. K. S. 2x. June 8 her symptoms were aggravated; some days after complete cure without having taken another dose.

I saw again Mme. W., of whom it was quoted in my preceding article. She came to consult me in May, 1910, for a cutaneous affection, and reported incidentally that her hay fever had not really reappeared. When she felt a tendency to a return of the affection three powders of 1x trituration of C. K. S. sufficed to cause to disappear all traces of recurrence.

Mme E., suffering slightly from the said disease felt an immediate and definite amelioration after having taken C. K. S. 1x, three powders a day, for a few days.

M. D. I., young man of 17 years, was brought to me April 30, 1909, for various symptoms. He complained among others of having the nose obstructed by mucus, he also complained of catarrh of the throat. The mucous membranes were red and swollen. The mucus was at times thick and greenish, even blackish. Prescribed C. K. S. 2x.

May 7th the discharge was less thick. C. K. S. 1x. May 14th the discharge has lost its green color, it is yellowish, and the quantity has much diminished. The respiration is easier and the swelling of the membranes gone and of rosy aspect. C. K. S. 1x. June 18th the mucous membranes red but the remedy has been taken irregularly. C. K. S. 1x. July 16th there are no longer discharges, but the nose remains stopped up. C. K. S. 30. The young man just apprised me that after having taken the remedy in this dilution for a few days he had no more nasal obstruction for four months. It is well to remark that at the time I prescribed the remedy in the 30th there was no more



discharge, only the sensation of obstruction provoked by the swelling of the membranes existed.

January 3d M. H. C. declared that he had had a cold in the head for two years approximately. The discharges are greenish, a crusty eruption in the nose. Cervical adenitis, slight blepharitis (small dry crusts), moist eczema in the aural canal, external. The young man had grown fast, he was easily fatigued, felt heavy and disinclined to work, C. K. S. 1x. January 9th the catarrh has diminished. In blowing the nose now employs only two handkerchiefs a day instead of three. Discharges less green, membranes less red. Same remedy. January 19th no change, that is to say, that the amelioration was not increased. Prescribed *Graphites* 200 for the eruption in the ear. January 30th only employs one handkerchief a day. Discharge less green; eczema of ear better. No medicine. February 7th only soils half a handkerchief a day. Mucus much thinner. Eczema almost cured. The young man can breathe much easier. No medicine.

February 21st contracted a cold; soils again two handkerchiefs a day; in spite of this the membrane remains rosy, normal in appearance. The same symptoms that had in the ear appearing in the other one. *Calcareo carb.* 30 remedy indicated by his general symptoms. March 7th soils still one or two handkerchiefs. *Graphites* 200. March 21st a new cold, mucus quite abundant in posterior nares. Quite a few strings of thin mucus extending from one wall to the other in both nostrils. Both ears are well. C. K. S. 6th. April 4th no change. *Graphites* 200. April 18th less secretion up to April 26, then for two days a recurrence. C. K. S. 1x. May 2d aspect better on left side, he seems to have more room there, mucus less abundant, yellow. I continue the treatment.

As one sees the 6th dilution and the 1x trituration have been tried at different intervals. The 1x appears to me to be more efficacious than the 6th.

February 10th Mlle. G. related to me various symptoms which presented themselves following an operation made three years ago for a sinusitis. Upon illumination the bones are all right, there is no trace of that affection. *Ignatia* being indicated by important general symptoms I commenced with that remedy. February 17th the patient reported as improved; she has had

relief from the running from the nose for a few days, but it had recommenced bringing back the general symptoms. At times sneezing with abundant nasal discharge and headache. Prescribed *Kali iod.* 30th. March 1 discharge diminished while patient took the remedy, but manifested itself again on ceasing to take it. Much sneezing. When the patient lies down discharge ceases. C. K. S. 1x. March 18: Feels that the symptoms are aggravated; she stopped the C. K. S. and returned to *Kali iod.*, which did not relieve. C. K. S. 3x. March 25: No amelioration. C. K. S. 30. April 12: Since she has taken the remedy in this dilution the patient has had no spontaneous discharge. She sneezes yet and from time to time blows the nose, but does not suffer. The matter is thick and does not correspond at all with the abundant mucous rhinorrhea which troubled her so much. May 3, 1911: The patient reports having had the discharge April 13 all day; the 17th and the 25th, a half day—mornings, and the 24th of April, all day. C. K. S. 100th dilution, four powders; placebos 12. May 19th: She has only had discharge two days since the 3d of May. I saw this patient June 3 and she has not had any watery discharge; a little moisture only towards evening, about 6 o'clock.

M. Z. complained in March of a cold; becomes chronic, having commenced at the beginning of winter. Watery non-irritating discharge and frequent sneezing were the only symptoms. Not being able to see the patient but a moment, being about to go out, and fearing that perhaps these symptoms were due to a polypus, I advised him to consult a specialist, in case, which appeared to me to be very probable, that the powders that I prescribed for him in haste would have no effect. The prescription was C. K. S. 1x, 15 powders—three times a day one powder. The symptoms rapidly disappeared. I saw this patient May 9th and he had no return. Unfortunately I did not examine the condition of the mucous membrane of M. Z., but all the same it had to do with a chronic rhinitis with discharge that had lasted several months, and which receded rapidly and definitely after the absorption of C. K. S.

Oct. 24, 1907, I examined and found Mme. N. suffering with atrophic rhinitis; thick crusts in the nose, middle turbinate pale and covered with a whitish crusty coating. Prescribed C. K. S.



ix. Jan. 13, 1908: Blows her nose less when taking the remedy. Still crusts in the nose, emitting a bad odor. *Aurum fol.* 6th. Oct. 19, 1909: The patient neglected herself and does not recall the effect of the last prescription. She complains now of having the mucous membrane of the nose and throat too dry. *Kali bi.* 200, 1 dose. Jan. 26, 1911: The retro-nasal catarrh has diminished for three months and has reappeared a little. •

Mucous membrane of pharynx pale. *Kali bi.* 30th. Mar. 14, 1911: The nose is better; the eyes are burning, which is often the case. *Kali bi.* 30. April 18, 1911: Secretion of the mucus in the posterior nares diminished; sensation of great dryness in the nose and posterior nares. C. K. S. 30th. May 2, 1911: Less adherent mucus; less dryness in the nose and throat; the mucus is expelled easier and I continue the treatment.

As one sees, this patient consulted me irregularly. The different prescriptions helped her, but especially C. K. S., which she used on two occasions—a first time in 1907 in the ix and recently in the 30th.

Dr. Hennebert reports to me the following case:

"M. G., age 25, has suffered for ten years, each year with the habitual symptoms, variable in intensity from one year to another, of hay fever. Watery rhinorrhœa, nasal and ocular itching and attacks of sneezing, etc. He came to me in the commencement of June, 1910, much afflicted. I found no special nasal lesions save a congested state of the nasal mucous membrane and the conjunctiva. I ordered 10 centigrams of *Chrome alum* in 10 powders, one powder each day (this corresponds to three powders of 30 centigrams of the ix). I saw him twice in the course of the same month, about eight days after and about a month after his first visit. He reported a notable diminution of the various symptoms, and declared that the ocular symptoms, itching and lachrymation had totally disappeared a few days after taking the drug."

I will end the series of cases in calling attention to one related by Dr. Marc Jousset at the meeting of the French Homœopathic Society, Feb. 9, 1910.

"Mlle. S. M., age 23. Hay fever for five or six years. Crises in summer, but in 1909 the hay fever continued in autumn and was still very severe toward the end of November. Nov. 27th:

C. K. S. 3x, 4 tablets a day for 6 days, rest 3 days, recommence 6 days. Jan. 20, 1910: For the first two days of treatment very marked aggravation. Eyes very red, considerable lachrymation, frequent sneezing, headache, etc.; then amelioration, and for three weeks the patient appeared cured. C. K. S. 2x, trit. for three days, rest four days, recommence three days, then gradually increase the rest period by two days."

From these cases C. K. S. appears to have a very precise action upon certain affections of the nasal fossæ, since there was but one non-success in twenty, and even this is below the reality, for I have had occasion to prescribe this remedy for a long time before taking note of the cases in which it was used. It was not until after having had a certain experience satisfactory to myself that I thought it was necessary in order to communicate to my confreres the results which I hope to continue to have that I do so.

Dr. Tessier, the elder, in a meeting of the French Homœopathic Society, remarked that in the low dilutions producing an aggravation it was well to continue the experiments with the higher dilutions. But it is right to make a distinction between affections of the nasal fossæ in general and hay fever. I commenced the treatment of hay fever with the 3x trituration and after several non-successes with this dose I used the 1x and the 2x. If this is not mentioned in the unsuccessful cases I have cited, it is that I observed it before commencing to take notes of the results had after I used the 1x and the 2x, and since then I have had no further non-success except that mentioned in my first note in a person habituated to cocaine.

M. Jousset has had, it is true, aggravation with the 3x, but that aggravation only lasted two days in spite of the continuation of the treatment which moreover cured the patient. It was the same with those of my patients who had aggravations after the 1x and 2x. The amelioration has followed the aggravation very quickly and in most of the cases this amelioration was definitely produced, at least as far as the annual attack was concerned.

I think then that we can conclude that in the acute exacerbations of hay fever the lower triturations are more efficacious. They even act at times with such rapidity that I had hoped that we would be able to find it an important weapon enough to com-

bat this troublesome affection. In all events will C. K. S. give the same results in other countries, in the United States for example, where it is so extensive and often so intense, the future will decide.

As to other nasal affections I have not had occasion to treat a large number, but after the few cases mentioned here the medium dilutions appear to suit better than the low triturations. In my first note I mentioned the 6 centesimal in dry rhinitis, but I had not yet had occasion to try it. In the case of Mme. N. the 30th was shown efficacious and diminished the sensation of dryness, notwithstanding that there was at the same time less mucus to expel. In the case of Mlle. G. the 30th and even the 200th showed themselves more efficacious than the low triturations, and if the latter diminished the abundance of mucus in M. F. I. the 30th dilution had a very happy action upon the nasal obstruction, caused only by the swelling of the mucous membrane since the favorable result obtained lasted four months. However, it is evident that the number of cases treated is too small for us to be able to draw certain conclusions and we hope that the specialists who have daily opportunity to see similar cases will inform us more fully on this subject. It seems to me probable that they will obtain good results.

As Dr. Tessier, the elder, says, the pathogenesis of *Kali bichromicum* and that of *Chrome alum* seem to have close analogy. Both have as radicle *Chromium*, but we have in C. K. S. the molecule of *Sulphur* in addition.\* This molecule changes completely the aspect of these two substances and the action of this alum upon the mucous membranes is moreover more evident than that of *Kali bichromicum*. Further *Chrome alum* produces in the nasal fossæ very fine filaments presenting the aspect of a

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\*The molecular arrangement of Chrome alum is, moreover, very different from that of the bichromate of potash since the first of these salts is a double sulphate formed by the union of the sulphate of the sesquioxide of chromium with the sulphate of potassium  $(SO_4)_2 CrK + 12 H_2O$  instead of  $K_2Cr_2 O_7$ . It is known that the action of Kali sulphuricum on the nasal mucous membrane is similar to that of Pulsatilla. Moreover, as I have said in the text, the aspect of Kali bichromicum and of Chromico-Kali-Sulphuricum is very different since the first of these bodies is orange red and Chrome alum violet.

spider web, hanging from the septum to the external parts of the nasal fossa, which I have never seen in *Kali bichromicum*.

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Since these notes were sent to the Congress I have been informed of two cases under treatment at the present moment. M. H., attacks of hay fever since 1888. He suffers every year from the end of May to the middle of July. All dust irritates. Even in bed he cannot bear dusty weather. He complains of his eyes, throat, nose and ears. Abundant watery discharge. Sneezes often and the eyes are very red. He experiences itching and burning. I prescribed, March 9, C. K. S. 1x, 30 ctgr., 40 powders, 3 powders a day, as a preventive measure and advised him to commence the treatment toward the end of the month of April. The non-success was complete. I doubled the dose May 10; again non-success. I doubled it again the 20th of May. That made 12 powders (2 every 2 hours) or 36 centigrammes of *Chrome alum* per day. The result having been nil. I wrote to the patient that it appeared to me to be little encouraging to continue the treatment; that, however, if he felt no inconvenience in taking the remedy that he could try in increasing the dose. I prescribed him powders of 60 centigrammes and advised him only to augment progressively the daily number of the powders, commencing the 4th.

This is what he wrote me July 11th:

"If it is only today that I write you on the subject of my treatment it is because I have not been able to give you precise information owing to the cold and wet weather that we have had during the second half of the month of June, certainly a favorable time for persons who suffer from hay fever. But now that we have had for the past ten days dry and warm weather I have the pleasure to inform you that the stronger the doses, that is to say, 8 and 10 of the last powders, have produced a salutary effect.\* I can affirm that I feel absolutely nothing. At the most here and there a slight tickling in the nose in spite of the fact that I have not taken the remedy since the commencement of the month. To conclude, it is evident that for me stronger quantities were necessary. Madame O. told me that the inconvenience that I had to fear from strong doses would have been a derangement of

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\*48 to 60 centigrammes of *Chrome alum*.

the stomach, but I have had nothing to complain about in this respect."

The case of M. O. is about the same as the preceding, but less intense. M. O. complained especially of his eyes. He also was stubborn to doses which succeeded in other cases, but he did not have to take more than 36 centigrammes of the drug.

Perhaps I will be reproached for these doses, but it must be understood that I arrived at them progressively. It is evident that if an injurious action was to have been produced the patients in question would have perceived it in time. On the other hand, once the dose attained action the amelioration was produced rapidly. It was out of place to longer drug the patient.

I do not deny that one can obtain now and then cures of hay fever or at least a great amelioration by other internal remedies acting upon the nasal mucous membranes, such as *Arsenicum*, *Sanguinaria*, *Sabadilla*, *Nux vomica*, *Pulsatilla*, *Kali iodatum*, etc., or even by constitutional remedies in high dilutions. We all have such cases on our records, but have we a remedy upon which we can surely count? Certainly I prefer an amelioration obtained by a favorable modification of the general health than by an elective action on the diseased part. So when I have before me a patient attacked with hay fever and presenting clearly the symptoms which call for *Sulphur* or *Psorinum* or *Lycopodium* or so many other antipsorics I never think of *Chromalum*, nor of any other similar remedy. If I have thought it useful to study this remedy, it is that hay fever, being often a painful affection, it is proper to relieve the person attacked in the shortest time possible. Again, how many patients do we see who do not present any other symptoms than those for which they consult us, or who do not understand the utility of informing us as we should be and have no wish to aid us.

It is well therefore to have at one's disposition alongside of remedies susceptible of favorable action in well determined cases from the point of view where we are placed a substance whose elective affinity upon the nasal mucous membrane is certain enough for us to hope an effect upon the generality of the patients. In that event has it much importance if in certain cases one has recourse to ponderable doses when those who use them experience no inconvenience therefrom?



In the two last cases we show once again that there is no homœopathic dose. One may practice or not homœopathic therapeutics; this being decided, the question of dose is secondary.

Who knows, if in the only case of my two series where *Chrome alum* did not show itself efficacious in the dose in which I prescribed it, it would not have reacted in a stronger dose? I did not know at the time I treated that case that there could have been any utility in prescribing it in such a dose. Experience had not yet sufficiently instructed me on this subject.

In my opinion it is to diminish Homœopathy to impose limits upon it either toward ponderable doses or toward the highest dilutions. That the smallest possible dose is the best there is no doubt—the smallest dose that acts of course understood. And in that what other guide can we have but experience? What theory or what opinion of whatever grand master can replace it?

*Translated from Journal Belge d'Homœopathie of September-October, 1911.*

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## THE HOMŒOPATHIC CURE OF A COMPLICATED CASE.

Editor of the HOMŒOPATHIC RECORDER.

It seems to me that our men, professors, specialists and all others, should pay more attention to Homœopathy and less to allopathic treatment. Here is a case that illustrates the point:

D. B., æt. 32; weight, 131 pounds; height, 5 feet 5 inches, applied for treatment September 27, 1911, for heart trouble and drunkenness. German American. Mother dark skinned, fat, healthy; big eater. Father very dark, covered with fatty tumors. Had been a saloon keeper in Cincinnati, Ohio.

When patient was a child had Miller's asthma; always had trouble in his windpipe; thought there was gristle in it. Was very fat until thirteen when typhoid fever took away his fat. Then had quinsy frequently for fourteen years. Gonorrhœa at 25 for nine months.

Was a barber for many years until he became so nervous that he could not shave, then he tended bar for eight years until 1910. Drink made him a drunkard so he could not do any kind of work sufficient to support his family.

Malaise at 13; large fatty tumor on back of neck. He is hungry all the time. When he arises in morning is nervous and shaky and cold. Cannot eat any breakfast and cannot sleep much. Has terrible dreams. Can't shave customers without fear of cutting them. Very nervous all day until after supper. Eruption on nose and inside of nose. Color sallow. Has sweating, stinking feet and corns.

Had discharge from ear ever since a child, intermittently. Much gas in bowels, pains and palpitation in heart with a smothered feeling.

My analysis of this case is as follows:

He inherited a scrofulous diathesis from parents. This caused in part the Miller's asthma, quinsy, discharge from ear, sweating feet, sallow complexion, liver and general glandular affections, and also influenced his acquired diseases. The fact that he was fat when a child showed a general glandular inactivity. His gonorrhœa affected mostly his nerves, which were already weakened sympathetically by the glandular troubles.

Typhoid fever caused a chronic inflammation of digestive organs and an infection also, as shown by the tonsillitis. These troubles caused the craving in his stomach and digestive organs which was insatiable. He always craved something and whiskey temporarily stopped the craving. See the point?

I gave this man forty-one doses of homœopathic medicine in thirty days, as follows:

Three powders *Sulphur* 30x; divide one each day at 10 A. M. After *Sulphur* three days intermission.

Three doses *Medorrhinum* c.c.; one each day at 10 A. M.

Twenty-one tablets *Hepar sulphur* 1x; *ter die*.

Seven *Lycopodium* 12x; one each day at 4 P. M.

Seven *Silicea* 30x; one each day at bedtime.

At the end of the month the man was practically well. Every symptom was very much better if not entirely gone.

Now I can hear some say, "Umph! Hypnotism, mental suggestion, Christian Science!" Ha! ha! my friend, I will call you. I mentioned the fact that my patient had a fatty tumor on the back of his neck about the size of 1/3 of a hen's egg, and *that* at the end of the thirty days' treatment had disappeared, leaving nothing but the sac that enclosed it. Now the man had absolutely



no other treatment than above mentioned, and he is right now plying his trade as barber, and is one of the best in town.

His craving is gone and with it the drink habit. Hooray for Homœopathy.

C. L. FAIRBANKS, M. D.

Scottsbluff, Neb., Nov. 20, 1911.

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## **SOME COMMENTS ON CURRENT THERAPEUTICS BY DR. VON DER GOLTZ.**

Editor of the HOMŒOPATHIC RECORDER.

Greeting to the New Year! I do not know any other special mentioning of congratulations than to point out the new scoring for the truth of Homœopathy and Biochemistry—the confessed helplessness of the antitoxins as is to be found in the article, "Tetanus, Seven Cases With Recoveries," by Pearce Kintring, B. C. S., M. D., Professor of Practice of Medicine and Physical Diagnosis, Maryland Medical College; Physician to the Franklin Square Hospital, Baltimore. Dr. Kintring shows in opposition of tetanus antitoxin with resulting death his ultimate cures of consecutive grave cases with injections of 10 per cent. carbolic acid (in my eyes proving the old contention that the carbolic acid in the diphtheria antitoxin was really curative and not the antitoxin).

Dr. Kintring's article has the following prominent points:

1. During the time covered by me for house cases two patients with tetanus were treated on the surgical side of the house with antitoxin manufactured by an American firm, and both patients perished. Likewise our fifth case was first treated with the antitoxin without perceptible improvement; when seemingly he was in a fair way to succumb, the treatment was changed to phenol, whereupon the improvement was very prompt and the ultimate outcome recovery.

2. Regarding the antitoxin treatment of tetanus results in the past have been far from ideal, and in my hands it has proved very disappointing.

3. I believe the remedy will be found useful in conditions other than tetanus, as meningitis and possibly in acute rheumatic fever. I have been much impressed with its usefulness in diphtheria in those cases where I have tried it.

Is not this *apostacy of an allopathic vulgo scientific professor*, etc., published in an ultra-scientific (vulgo allopathic) medical journal (*New York Med. Journal*, December 23, 1911) refreshing and gratifying?

Is not this "*apostacy*" throwing a peculiar light on the interesting group of serum and antitoxin hunters a la Flexner, etc.? With this article and many but more indistinct forerunners we can finally believe that the dark age of antitoxin faddles will have begun to go down to the well earned oblivion, where already rest so many proved braggardisms of allopathy.

Yours very truly,

ERIC VON DER GOLTZ, M. D.

205 E. 72d St., New York City.

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### PASSING ENOUGH TO MAKE BRICKS.

Editor of the HOMŒOPATHIC RECORDER.

This is an appeal for help. I have a case of gravel and bladder wrong, in a male 25, that never had any specific disease nor sickness of any kind before during his life.

The first appearance of the trouble was the passing of what looked like chunks of pine bark, but under the microscope they were seen to be uric acid. This was followed by a long siege of cystitis, with purulent flow, great tenesmus and irritation, and the passage of enough phosphatic and uric gravel to make several full sized building bricks. Following this was the passage of what appeared to be scabs with a number of stiff black hairs growing in them, and the microscope confirmed the fact. Now he is passing what looks to be, under the microscope, tiny balls of hair, similar in shape to those often seen in the stomachs of cattle, with each hair well studded with crystals of phosphatic gravel. The hairs are of different colors, red, white, brown and black.

I have tried all the well known homœopathic and eclectic remedies purported to be of benefit in gravel cases, but have had the best success with *Xanthium* and the red onion. He is slowly improving, but if any one in the RECORDER family has anything to offer I shall be most glad to hear from them.

Very truly yours,

Bigpine, Cal., Nov. 22, 1911.

G. W. HARVEY.

## COUNCIL AND NON-COUNCIL ADVERTISED REMEDIES.

"Proprietaries—Fraudulent or Otherwise," is the heading of an editorial in the *Jour. A. M. A.* of December 23d. It was "prompted by a letter from the editor of a high class medical journal discussing the question of admitting or rejecting advertisements of proprietary remedies to medical journals in general." This editor "was unable to see that there was any difference between the proprietary preparations advertised in *The Journal of the American Medical Association* and those advertised in two or three other high class journals that admit to their pages such nostrums as," etc., etc., etc. The editor of *The Journal* says that such ignorance is "discouraging," and then proceeds to show the difference, and, for the benefit of all, we hereby give his explanation in full. Here it is:

"For the enlightenment of those who, similarly, are unable to distinguish between the two classes of proprietary remedies referred to, the following brief explanation may prove of value: All proprietary preparations approved by the Council on Pharmacy and Chemistry and eligible to inclusion in New and Non-official Remedies have been carefully investigated and found to have some presumable value and to be advertised and sold to the profession under truthful claims; most proprietaries that have not been thus accepted are those which, on investigation, have been found to be either fraudulent, worthless or exploited under false and exaggerated claims—in many cases all three. There are a few proprietaries which, while eligible for inclusion in New and Non-official Remedies, are not to be found listed, because their manufacturers are opposed to the work of the Council and have not submitted the products—and, incidentally, will not until the medical profession compels them to."

Being desirous of knowing what remedies came before the medical profession with "truthful claims" we turned to the advertising page of *The Journal*. The first one "Is being used with successful results in subacute and articular affections and gouty manifestations." Certainly a remedy of great value—if true, as *The Journal* vouches. Judging from the name *Colchicum* seems to be the "works," so the question arises, why not use that drug?

Passing several modest claimants we find an unknown drug which "restores—from incipient nervousness, hysteria, mania, melancholy." It ought to be written in electric light letters ten feet high!

The next is: "At last a dependable remedy. In the treatment of those intractable cases of Indolent Varicose Ulcers, Lesion of Tertiary Syphilis, Tuberculous and Diabetic Ulcers, Sluggish and Non-Granulating Wounds, Eczema, Psoriasis, Herpes, etc." This ought to be advertised in letters twenty-five feet high, for are not its claims truthful?

Then we find a soap which is as all-embracing as anything ever advertised by a "disreputable" journal—laic or medic—for it is "highly efficient in the treatment of eczemas and *all sorts of skin affections*"—the *italics* are ours.

Next come four medicines, one for gonorrhœa and cystitis, the next for rheumatism, acute and chronic; the next for "digestive disorders," and finally for epilepsy, hysteria and neurasthenia, etc. The "etc." is quite prominent in many of these remedies.

Passing over many other great remedial things we come to a Tonic that, among other things, possesses "exceptional utility" in "diseases of psycho-neurotic origin." This is encouraging because in it we see that the Council recognizes the soul as a causative factor in disease. It is needless to go any farther.

We are not saying a word against the medicines advertised in *The Journal*, but when science teaches us that every advertised medicine is dependent on a certain drug for its works why do not eminent doctors prescribe the drug itself, as the homœopaths do? Why prescribe, let us say—and coin a name—*Goutitis*, when you know it is merely a mixture of *Colchicum*? It looks very much as if the homœopath was the only physician who, in his therapeutics, really merits the title "scientific."

In conclusion, it seems to us that the editor, quoted above, who was unable to see any difference between the proprietaries advertised in his journal and those in the official organ, was unable to see that difference because, ethically, there is none. These medicines are nothing but compounded prescriptions and their merits are but those of the drugs they contain.

### THE BAROMETER IN MEDICINE.

The barometer was the subject of a paper read before the last International Congress by Dr. T. Wesley Burford, of Ealing, England. In brief, Dr. Burford holds that a rapid fall in the barometer spells sudden death to many invalids. The reason for this is that the difference in the pressure per square foot between a very high and a very low barometric pressure is 140 pounds, or 1,800,000 tons to the square mile of the earth's surface under its influence. There is a prevailing idea that many die between 3 and 5 o'clock A. M., and it is noted that all over the world at that hour there is always a slight fall in the barometer. Darwin also said that earthquakes are more apt to occur during rapid fluctuations of the barometer than when it is more quiescent. Dr. Burford mentions that when he and Dr. Reed Hill lived in the same house they were wont to remark when there was a sudden fall in the glass that they would receive urgent calls from certain patients. As an illustration the case of an elderly lady with bronchitis and a weak heart is mentioned. One day after a prolonged high barometer Dr. Burford, in response to an inquiry from her son-in-law, said the patient was doing well but should there come a sudden violent fall in the barometer she would be in danger. The fall came and the lady died suddenly. He says that if you will observe you will notice that after a sudden wide spell of a falling barometer you will read in many death notices the word "suddenly."

In 1887 several letters appeared in the *Lancet* asking if any one could explain why so many patients had developed diarrhœa on a certain Saturday. "On this same Saturday when I went home to luncheon I found a telegram from a patient I had recently taken to Brighton, and before finishing my meal I had another from a patient in Essex, and a call to visit a third in Acton and a fourth in Hanwell, all of them with sudden attacks of diarrhœa. For the next few days I was kept busy with fresh cases, all of which dated their ailments from about midday on Saturday; some were men, some were women, all under different conditions as to health, locality and age. I consulted the charts off my barograph, and I found for three weeks previously the weather had been anticyclonic, the barometer standing from



30.2 to 30.6. On Friday evening, the glass showed signs of downward movement, and by midday on Saturday had fallen to just above 29 inches, a strong S. W. gale had come into activity, and with it quickened circulation, more blood was driven through susceptible livers, more bile thrown out, peristaltic movements increased; and in all these cases *Mercurius cor.* held the trouble in check."

Somewhat similar occurs to many who rush off in summer to high mountain resorts. Among the concluding remarks are the following:

"One often sees patients suffering from vertigo and noises in the head who will tell you that the degree of severity differs very much. Some days very little, on others quite unbearable. If you suggest to them to watch the indication of the aneroid they will tell you they are always better on a rising, and worse on a falling glass.

"From what I have advanced I wish it to be distinctly understood I only find these conditions in the patient on a falling glass. A blustering northeast gale may be raging furiously, the glass rising all the time, during which the patient may be delightfully comfortable, but when the storm suddenly subsides and the mercury runs down it is then the patient is distressed.

"On a slowly progressive downward tendency of the mercury the patient may not be affected at all, as he has time to accommodate himself, though unwittingly, to the altered condition he is passing through.

"I do not wish my medical friends to infer I consider all diagnoses are referable to alteration in atmospheric pressure. But I do say where every other factor is eliminated and no satisfactory conclusion arrived at as to etiology, the probabilities are the barometer will settle the difficulty, especially when the disturbance is functional and not organic."

The full title of Dr. Burford's paper is "Further Observations on the Importance of Meteorology as a Factor in Practical Medicine." We have taken the foregoing from the *N. Am. J. of Homœopathy*, November, though, as was the case with several of the I. H. C. papers, it may have appeared in other journals.



**CONCERNING THE DIAGNOSIS OF SYPHILIS.**

The *Lancet*, November 11, prints the Hunterian Lecture by H. C. French, M. R. C. S., Eng., L. R. C. P., Lond., on "Recent Developments in the Recognition, Treatment and Prophylaxis of Syphilis." Concerning the value of Hunter's observation on induration the lecturer said:

"His demonstration of induration in the syphilitic (Hunterian) chancre in the primary stage, as a clinical sign of early syphilitic infection, is, after the lapse of over a hundred years, a more infallible indication when it exists than a positive Wassermann-Neisser-Brück serum diagnosis reaction. Further, such induration is commonly present when the spirochæta pallida of Schaudinn, discovered in March, 1905, cannot be demonstrated."

He begins his consideration of the spirochæta pallida as follows: "Major L. W. Harrison, R. A. M. C., at Rochester-row Military Hospital, states that he only succeeded in demonstrating the spirochæta pallida in 152 out of 202 cases of syphilitic sores," and this is as it were a key to the rest on this topic.

Concerning the Wassermann test he quotes, among other things, the *British Medical Journal*, as follows:

"Even among laboratory workers confusion has arisen by reason of the number of modifications and simplifications of Wassermann's original process. Before we can truly estimate the accuracy and reliability of the test it is essential that the relative merits of the original method and of all modifications should be decided, if necessary, by the establishment of a committee of enquiry."

Concerning clinical evidence he said: "I put the clinical aspect last, but in my opinion it is by no means the least valuable. It does not perhaps glitter like the gold of the spirochæta, nor sound like the brazen cymbal of a positive Wassermann reaction, but as regards induration in the chancre it has the intrinsic merit of home manufacture."

The lecture closes as follows: "Whatever each individual may think about the relative significance of Wassermann reactions, the fact must be admitted that in many instances we are as dependent to-day on a correct clinical interpretation of what we see as in the past when John Hunter wrote."

## SOME CLINICAL VERIFICATIONS OF HOMŒOPATHIC REMEDIES IN DR. JAMES W. WARD'S SURGICAL CLINIC.

By L. B. Hurd, M. D.

The value of homœopathic remedies in preparation of surgical procedure, the giving of the *similimum* to relieve the sufferings after surgical operations, the curative effects of the remedies on the surgical convalescent, are three points which are verified and have been since the surgical clinic was established.

Gynæcology and abdominal surgery must go hand in hand, abdominal surgery more often being the outcome of diseases of women than from any other source. In the field of preventive medicine, Homœopathy is signally successful, often forestalling conditions which otherwise would arise.

Preparing the woman constitutionally for operative procedure is an art which only the law of similars could possibly suggest. Homœopathic medication does away with much drugging after operation, and the perfect restoration of the surgical convalescent depends much upon the skill with which our remedies are given. Surgery removes the diseased organs which have become functionally inefficient, but often does not cure the symptoms pre and post; well applied Homœopathy does this, giving greater service to the patient as well as peace of mind to the surgeon. The results of child-bearing—*i. e.*, lacerations, displacements with their sequelæ—may only be cured by surgical procedure, but the perfect results are more evident if the patient has been carefully prescribed for during a preparatory period. The symptom of heavy dragging through the pelvis from the back, bearing down as though all of the organs would escape from the vagina, is cured by *Sepia*, but we must lighten that heavy uterus, subinvolved and depressed thereby; interfering with the pelvic circulation primarily, secondarily through the portal circulation in contradistinction to *podophyllum*; this operation must be done lest the symptoms return. *Gelsemium*, when the patient must pass through the ordeal of operation, is wonderful in its quieting effect upon the nervous system.

Following operation, *Veratrum album*, in post-operative shock, with cold sweat on patient's forehead, pale face and rapid, feeble

pulse, has saved many a life. *Iberis* has been verified with symptoms as follows: In post-operative appendectomy, when on the fifth day the patient was suddenly stricken with sense of heaviness about the heart, cold hands and arms, vertigo and dull precordial pains, with sharp stitches worse when turning to the left side, tachycardia.

*Ruta* has helped many a time in treatment of sprains after *Arnica*, when from a dislocation or wrench of the tendons the legs or feet are painful with bruised feeling. The part is sensitive to touch, the knees are weak, the ham-strings feel shortened, and stepping is painful. Another most important service has been found for *Ruta* in prolapse of the rectum with bloody oozing, sharp pains aggravated after a difficult stool and while sitting.

*Anacardium* is a wonderful gastric remedy in hyperchlorhydra, eructations empty or burning, nausea with goneriness or pressure at stomach, cramps in the calves relieved often by lying down, but all symptoms usually better for a time by eating.

*Lachesis* cures a wide range in so many states at the climaxis or during septic processes, whether from the bite of a spider or the grave results of septic infection. The loquacity, amblyopia, trembling tongue, excessive tenderness of localized soreness better during menstruation, the mind worse after sleep, and the body from pressure. All this is so with *Lachesis*, whether the condition is a sore throat or a desperate phlebitis.

*Secale* in desperate abdominal states, when the pulse is rapid, facial expression anxious, tympany marked even though the bowels have moved freely; restless, with desire to throw the covers aside; the picture is one of intestinal paresis and *Secale* 3x has oftentimes brought recovery. It is pathologically and therapeutically indicated.

*Colocynth* is a frequent prescription for the pain so characteristic whether it be in the abdomen or an extremity, with its paroxysmal acuteness, during dull continuous suffering. The abdomen, often distended, is always relieved by passing flatus, drawing the limbs up, worse by pressure and pain generally centered about the navel.

*Chininum sulph.* 1x in solution is almost a specific in acute articular rheumatism with fever and great pain.

*Ipecac*, where there was persistent hemorrhage of profuse bright blood from the urethra after unsuccessful attempts to pass urine naturally in a case of enlarged prostate also after use of catheter, very promptly cured in four days.

*Eup. purp.*, in dysuria in women used more often than any other remedy where there is desire for frequent urination and the bladder still feels full and sore.

*Conium* in dysuria, with burning, during and immediately after urination; flow intermitting and frequent. A case of months' standing was cured in two weeks with *Conium 2x*.

*Berberis* is often called for when post-operative pain appears in lumbar region; soreness with sharp pain following the course of circumflex iliac nerve to the bladder; with frequent urination, urethra burning when not urinating.

*Chamomilla* for night restlessness, fretful of her surroundings, impatient with her nurses during convalescence from any inflammatory state. *Anthracinum* acts well in carbuncle with the burning pain when *Arsenicum* has only partially relieved.

*Ranunculus bulb.* for mid- scapular intercostal or brachial pains that are especially worse left side, and are sore or sharp in character, with or without eruption aggravated from touch, motion or deep inspiration.

*Sulphuric acid* in atonic gastric distress, with an abundance of saliva, coldness in stomach relieved by hot-water bottle applied; nausea with chilliness; exhaustion aggravated from coffee.

In a case of abscess of the liver opening through the lungs (only a very few similar cases having been recorded in medical literature) has been pushed materially on the way to recovery by the use of homœopathic remedies.

A cough, with bloody expectoration in large quantities, and tested repeatedly in all modern ways for tubercle with negative results, but did reveal hepatic flukes. Stitching pain in right hypochondria, high pulse and temperature, with mental irritability and worse from warmth and slightest motion. *Bryonia* relieved when the patient was almost beyond recall. The expectoration became less, the pain less; marked improvement in mental symptoms; the whole picture looking much more hopeful. Examination of the chest disclosed dullness below the horizontal line of the nipples in the right chest and a great preponderance

of the right over the left side. Abdominal distention and swelling of the lower extremities, with a sensation of fluid swashing in the abdomen; any fluid taken by mouth immediately increases the distension; aggravation from taking soup or coffee and at 3 A. M. *Kali carb.* 3x given for the above symptoms verified clinically its homœopathic use without a doubt.

*Bryonia* in the vomiting from a dilated stomach with partial bowel obstruction and great peritoneal irritation, with the marked modalities of the remedy, is worthy of attention.

*Phosphorus* in post-operative vomiting where water is thrown up as soon as becomes warm in the stomach has served well.

*Arsenic* in anæmic states, with menorrhagia as an indication, and *Hydrastis* for catarrhal endometritis existing after curettement and other pelvic operations, will clear up your case.

Space will not permit the further writing of clinical verifications of our homœopathic remedies, but the number of useful ones are numerous. Try them and report the results of your experience; it will help all of us.—*Pacific Coast Journal of Homœopathy.*

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## HEREDITY AND VENEREAL DISEASES.

"To quote from recent literature sent out by the State Society for Study and Prevention of Syphilis and Gonorrhœa, and these statistics have been collected from authentic sources:"

"Gonorrhœa, which is usually regarded by its victim as of no more importance than a common cold, is the greatest social danger of the age. It is estimated by competent and conservative authority that in Europe 75 to 85 per cent. of the adult male population contract gonorrhœa and 10 to 15 per cent. have syphilis."

"In this country it is conceded that in our large centers of civilization from 60 to 80 per cent. of the married men have latent gonorrhœa. Gonorrhœa is the most common cause of inflammatory affections peculiar to women which ruin her health, extinguish her hopes of motherhood and condemn her to a life-long invalidism or the sacrifice of her reproductive organs to save her life."

"Gonorrhœa is the direct cause of from 50 to 90 per cent. of all abdominal operations performed upon women. At least 50



per cent. of the sterility among men and women is due to gonorrhœa and syphilis. More miscarriages and abortions occur as a result of syphilis and gonorrhœa than from all other known causes."

"It has been computed that hereditary syphilis kills every year in France 20,000 children. With such statistics as these before us it is imperative for us to awaken to the importance of the spread of these two diseases and adopt some measures for their control and prevention. Should there be one per cent. of the number of deaths from scarlet fever, diphtheria or any other infectious or contagious disease as from these two diseases, there would be the most rigid laws enforced for their control and prevention."—*J. J. Clark, M. D., Santa Ana, Calif., in S. Calif. Med. Journal.*

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### THERAPEUTIC POINTERS.

"*Argentum nitricum* is the most serviceable remedy in the whole materia medica for any form of purulent inflammation of the conjunctiva."—*Norton.*

From a paper (*Iowa H. J.*, Dec.) by Dr. A. H. Barker, Brooklyn, Ia., and the discussion we glean the following in reference to treating the eyes of the newborn: Some members were very emphatic in saying that a weak solution of silver nitrate should be instilled, but others objected. Dr. Barker said that "a little boracic acid with a couple of drops of *Succus calendulæ*" would do better. He had used the silver nitrate but found the other better.

Dr. George Royal (*Iowa H. J.*, December) speaks favorably of *Zincum phos.* 3, "cases of mental deterioration of strong mental persons who have been afflicted by epilepsy." Also: "I have found the 3d of *Calc. phos.* useful in staying the progress of the disease when examination of the blood showed that the patient was suffering from pernicious anæmia."

Kopp (*Hom. World*, December) says *Lachesis* 6 in water, tablespoonful every two hours, cured a case of acute appendicitis in three days. The pain soon decreased under influence of the drug.



Schamberg and Kolmer, *Lancet*, November 18, write on the "Treatment of Vaccination," which consists of the application of "a 4 per cent. alcoholic solution of picric acid" on the vaccinated area forty-eight hours after the insertion of the lymph. They say it will not affect the efficacy of the operation, but how they know this is not very clear.

"There are a few things I do not understand in the action of antitoxin. One of them is why some physicians give such large doses, say, from fifteen to eighteen thousand units. A physician in my own town lost every case that came under his care, and asked my advice as to the reason. I told him that I believed he gave too large doses of antitoxin. It is my rule to give a small dose, and I have not had one death.

"To be sure, I give the homœopathic remedy in addition, and if the homœopathic remedy can help the action of the antitoxin, I believe it should be given. What I have said is simply from my own experience in diphtheria, and unfortunately, I have had rather a large experience with this disease." Elsewhere: "I use from 1,000 to 3,000 units of antitoxin as a *curative dose* (not repeated) *with no deaths*, while *my fellow practitioners use from 5,000 units to 15,000 and even 18,000 units with a death rate of 30 per cent. or more during the same epidemic.*"—*Dr. H. M. Fleagle, Hanover, Pa., in Hahnemannian Monthly, December.*

"It would be difficult to mention a surgical operation more productive of benefit when efficiently performed in suitable cases than that for the removal of adenoids and tonsils. It would be equally difficult to mention one more often performed with little ceremony and with results by no means coming up to what is expected of it. This opinion has been held for some years by many men of experience and authority in the profession."—*Lancet*, November 4. It is also added that no matter how skillfully performed there are often very troublesome after effects. This seems to show that, operation or not, there is imperative need of homœopathic therapeutics in this class of cases.

"Climatic conditions not unfrequently claim our attention, we know the *Rhododendron* patient is worse before a storm, and all his symptoms exaggerated in rough weather. The *Rhus tox.* patient is worse in cold and wet weather. The *Ranunculus* pa-

tient does not like atmospheric changes and is worse in wet, stormy weather. The *Dulcamara* patient cannot tolerate damp. In the heat of July *Iris* is invaluable for the diarrhoea prevalent in that month, but is not so useful in the winter for a similar condition. While *Gelsemium* is undoubtedly of great service to those who are electrically disturbed, and the *Agaricus* patient's symptoms are always worse before a thunderstorm."—*Burford*.

Dr. Jas. T. Tonk, Westbrook, Conn. (*Jour. Therap. and Dict.*, December), writes that whenever he sees any one with warts he prescribes 4 to 5 drops of *Thuja*  $\theta$  on a lump of sugar, and it generally not only removes the warts but cures the patients. The same rule applies to animals, horses, dogs, etc.

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## NOTES

*The Medical Freedom News* is the title of a paper published by Porter F. Cope, P. O. Box 2003, Philadelphia, Pa. Price, 5 cents per copy, or 50 cents a year. No. 2 has appeared, dated November 15th. The *News* is a four-page publication, the pages being of the same size, type and general make-up of the average newspapers. Indeed it is largely made up of articles, headlines and all, taken from various newspapers in different parts of the country giving reports of deaths caused by vaccination. Editor Cope says he could fill much more space with similar material if his limits permitted. If you are interested it would be well to send 5 cents in stamps to the above address for a specimen copy. The way the editor handles the *N. Y. Sun* shows that he can take care of himself.

No. 3, Vol. I., of *Medical Freedom* is at hand. B. O. Flower is editor-in-chief. One of his active assistants is the well known homœopathic physician, Lewis P. Crutcher. We are told that 25,000 copies supplied the call for No. 1, 100,000 was needed for No. 2, and they do not know how many will be called for of No. 3. If you would like to see a copy of this spicy publication drop a post card to *Medical Freedom*, 315 4th Ave., New York City. It is well to keep track of such things, for this has become a big "movement."

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## EDITORIAL BREVITIES.

ES IST ZUM LACHEN.—Our esteemed contemporary, *The Journal of Osteopathy*, published at the osteopathic Mecca, Kirksville, Mo., has a little editorial in its November number, headed "To Drive Out Fakes." The Philadelphia County Medical Society is to do the driving, which proposed act meets with the approval of our contemporary because, apparently, the driving does not apply to "regular osteopaths," but to those who say they practice "similar to osteopathy," to the physical culturists and to all other new medical faddists. Not so long ago those the world was wont to term "allopaths" were hot against the homœopaths and eclectics, then against the osteopaths and Christian Scientists, and, perhaps, others. Now—well, all who are out of the legal pale, hence the suspicion that "it is to laugh!" Cannot professional men see that the world is in a freer state to-day, and that if it so desires it will experiment with fads quite regardless of what county societies may "resolve?" That the mere fact of "resolving" against them is their very best advertisement? In the beginning had they practiced what they preached the "regulars," most likely, would have had to-day a chair on "similia" in all their colleges and thus have openly practiced what many of them now do in secret. So with osteopathy and all other developments; take them in and if they make good, all right, you are the gainer; if they fail, they are dead and not martyrs. The "regular" brother has taken in an awful mess of rubbish as history shows, but has consequently and conscientiously damned everything medical that had any vitality; all which seems to show to unbiased minds that he would do well to first effectually

regulate his own household and then he could see clearer to regulate the households of others.

And, as a sort of "finally," would it not be well for the osteopaths, who are only out of the legal woods in spots, not to be too ready to stone "fakes," for it was but yesterday that they were all "fakes." As for A. M. A. county societies they will thunder, Jove like, for it is their nature, and there be those who suspect that had they Jovian power every one save the elect A. M. A.'s even though "regular" would be smitten, anathematized and in the vulgar tongue "fired."

THEORY AND PRACTICE.—One of the five whose names adorn the title-page of the *Ann Arbor University Homœopathic Observer* as editors tells, in the last issue of that excellent publication, in an editorial, what he saw "a first grade university professor" doing not long ago. This professor it seems stands for that great medical body which is determined to protect the public from incompetent practitioners at all hazard, by means of state boards, the Owens' Bill, rigid rules, prosecutions and all the machinery of civil power, possessed or assumed—in their zeal it is often the latter. But to return to the point. This professor was buying a bottle of Ayers' Cherry Pectoral, for use in his family, where he remarked it was doing a great deal of good. When baby has the colic, Susie has a cough, or Johnny has the bellyache, all families are on the same level, even the professors, whose eloquence will raise emotional cheers when he tells of the medical Golden Age that he can bring about if you give him the power. As Carlyle, with saturnine humor puts it in *Sartor Resartus*, strip them of their clothes and all men are on the same level. Hence, also, perhaps, Shakespeare's remark, "for the coat oft makes the man." The world, and the able men in the medical profession, need no protection unless it be from those who seek for power to rule. The professor, however, was perhaps unconsciously practicing Homœopathy, for *Prunus Vir.* has quite a reputation in coughs and pulmonary ills.

DR. WYETH AND THE OWEN BILL.—Our esteemed and able contemporary, the *Journal of the American Medical Association*, quotes with its approval an "open letter" from Dr. John A. Wyeth which was printed in the October 14th issue of *Harper's*

*Weekly.* Among things in this letter is the following: "If we can afford a War Department to look after our soldiers, a Navy Department for our sailors, and a Department of Agriculture to protect our cattle and hogs, we surely can afford a department the business of which would be to guard the health and lives of the children, women and men of the nation." Now, inasmuch as this purports to be a Christian nation and must therefore admit that our eternal welfare is indefinitely more important than our fleeting moment on earth, it seems that Congress should go a great step further and establish a Department of Spiritual Welfare. No doubt any of the numerous churches would cheerfully take charge of its administration. Also, Dr. Wyeth, it is *not* a question of expense.

A TIMELY DISCOVERY.—An authoritative European medical journal tells the world that "the alcoholic extract of guinea pig's heart is for use as an antigen in the Wassermann reaction, replacing the extract of syphilitic foetal liver originally used by Wassermann. It is an obviously convenient preparation for the modern diagnosis of syphilis, and is obtained by digesting the finely minced hearts in alcohol, and, finally, filtering the fluid." This is a very timely discovery, because as the Wassermann method of discovering whether the patient has syphilis or not becomes more prevalent there was danger that the supply of syphilitic foetal livers could not keep up with the demand, in which case what would the diagnosticians have done?

CONCERNING THE COST.—Sir E. A. Wright, he of opsonic index fame, in a recent address, reiterates his views concerning the value of the administration of vaccines. He also at the same time maintains that these vaccines should be administered by a bacteriologist trained in opsonic work and not by the ordinary physician or clinician. Now we are not going to dispute Sir Wright in this matter—that if vaccines must be given they should be handled by a man who presumably understands his business—but merely beg leave to point out the fact that the huge majority of patients find it difficult under the old order of things to pay their doctor, so what will it be if a specially trained man must also be called in to aid the doctor?



SOMETHING OF A PROBLEM.—Dr. Charles William White has a paper in the *Journal A. M. A.*, Dec. 2, containing several propositions. The title is "The Care of Patients With Advanced Tuberculosis." The first proposition is, "Advanced consumptives are sick," which is self-evident. Second, "They are wanted nowhere." Skipping third and coming to fourth, we read: "Many of them, under the supervision of strict medical care, and especially of sanatorium regime, live for many years quite unable to work." Second and third make a brutal proposition! It isn't Dr. White's—he but states a fact. The door is slammed in the face of the consumptive—the nicest of invalids—everywhere, but is opened to heart disease, diabetes, locomotor ataxia, cancer and nearly everything else—that can pay. Why? The only answer is "Scare!" Is the scare justifiable and are the men who have made it very great benefactors? Why, that is "something of a problem."

THE MEDICAL SOCIETY.—The official journal of the New Jersey Medical Society recently said that "straining every effort" to secure members for a medical society, state or national, regardless of their fitness, was a mistake. There is an element of ideal truth in this, for "when time runs back and brings again the age of gold" men will seek membership as an honor and the society will no longer have to go hat in hand and request them to join. The American Institute of Homœopathy is rising to that plane now, we believe, and membership will soon be a sought for honor. National societies cannot be too rigid in what might be termed the "doctrinals," for there ought to be a free play of intellect in such bodies, but they can insist that a member must be a responsible citizen in the kingdom of medicine.

DIPHTHERIA ANTITOXIN BY MOUTH.—In the *British Medical Journal*, July 15, Dr. Cumberlege advocates the administration of diphtheria antitoxin by the mouth instead of the hypodermic syringe. He says the effect is just as good, and as the chief cause of death in diphtheria is due to heart failure, and as the hypodermic causes a struggle on the part of the patient with its "always present risk of too much strain on the heart," the giving of the antitoxin by mouth is far preferable. Having arrived at this point the practitioner might as well go a little further and give



the remedy according to the law of similars—and, possibly, in not too high a potency. Incidentally it might be mentioned that Dr. Cumberlege says another great advantage of giving the serum in this manner is that it does away with the “serum sickness” that at times appals the practitioner, and which nearly “always” follows the infections. There is need of a new remedy in this dread disease for, while diphtheria antitoxin often seems to be indispensable, it contains so many unpleasant possibilities that something as offensive but safer would be welcomed. Is it not possible that diphtheria needs something strong, akin to the Rubini camphor in Asiatic cholera? Hahnemann advocated the strong camphor dose when confronted with this sudden and violent disease. Anything to say, Reader?

A DINNER TO DR. H. H. BAXTER.—We have received the “programme” of a testimonial dinner given to Dr. H. H. Baxter at the Hotel Hollenden, Cleveland, O., Oct. 18th. The formal toasts were responded to by Arndt, Hoyt, Biggar and Phillips. A silver loving cup was presented to the honored guest. Dr. Baxter was born in 1846, graduated from the Cleveland Homœopathic Medical College in 1868, in which college he has held the chair of materia medica for many years. Was for fourteen years on the State Board of Medical Examiners, from which he resigned in 1910, and has been a member of the American Institute of Homœopathy for forty-three years. About 150 physicians and their wives were present at the dinner.

CHROMICO-KALI-SULPHURICUM.—The attention of the reader is called to the paper on this drug by Dr. Mersch, translated by Dr. W. A. Dewey, and published in this number of the HOMŒOPATHIC RECORDER. It seems to have a place in nose wrongs and may help in some troublesome cases where, as will happen at times, the seemingly indicated remedy does not act. C. K. S. is allied to the biochemistry, “The Twelve Tissue Remedies of Schuessler,” hence the peculiar fitness of the translator, Dewey, of the famous combination Boericke & Dewey, for handling this matter.

“GIVE IT A TRIAL.”—If it is properly named “scientific medicine” should be accurate, for that is the meaning at the bottom

of science, yet there is scarcely a journal of that class which does not contain words like "I would commend—for trial in" such and such diseases.

THE CRITIQUE.—In December Drs. Mastin and Anderson, of Denver, wrote that they had "quit," but in January they came to time in a new cover, "sassy" as ever. Now, honest, we are glad to see our Denver contemporary has decided not to give up the good fight. Welcome!

A SALVARSAN MACHINE.—The *J. A. M. A.*, January 13, prints a fine half-tone of "An Apparatus for the Intravenous Injection of Salvarsan with Salt Solution Preceding and Following." It seems to be a complicated machine, with parts on it from the letters "A" to "X," but "*The Journal*" says, it "is simple." Perhaps it is, to the esoteric. What puzzles us is the question, Why "*The Journal*" should wax furious over certain rival journals publishing the advertisements of well known "proprietarys" and then turn around and print what is really an advertisement of a machine by which, presumably, doctors may safely use one of the most notorious proprietary of ancient or modern times. If salvarsan is a good thing why this elaborate machinery? If it is not, why all this mechanism for getting it into patients?

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### NEWS ITEMS.

Dr. Frank A. Gustafson has changed his address from Rockford to Poplar Grove, Ill.

Dr. Jos. F. Land has removed from North Edgemont, Maine, to 315 West 10th St., Erie, Pa.

Dr. A. K. Wittke is now located at 809 14th St., Denver, Colo.

Dr. H. L. Morgan has removed from Libbian to Harris, Ky.

Dr. J. E. Huffman has removed from Healdsburg to 15 Wellington Ave., San Francisco, Calif.

"A clerical error in the announcements of the officers and committees of the American Institute of Homœopathy places Dr. J. P. Rand, Worcester, Mass., on the Board of Censors. Dr. Williard A. Paul, Boston, Mass., was elected to the board, for the term of four years, beginning September 26, 1911." Note from Secretary.

## PERSONAL.

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Modern medicine, without much strain on the language, might be termed zoölogical medicine.

When they reported his house robbed of \$2,000 worth of jewelry he didn't deny it, though there was none there but plated ware.

"Moses says and I say"—began the young preacher.

Mrs. Eddy wrote that the patient who pays is more apt to recover than the one who doesn't.

"How often do you kill a man on this—road?" shouted an irate man. "Only once," replied the trainman.

A wise man says a hot iron is good to kill bacteria in cloth. Very true, but what about the trousers and coat?

A California doctor is curing laziness by electricity. A sufficient current on the wire will certainly produce quick movements.

The limitation of offspring is endemic, says a cynic.

"Eliminate the term 'Allopath.'" Journal A. M. A. What shall we substitute?

If "cold storage" howlers could be put back to pre-cold storage days they would shriek on the other side.

As the receipts from "tag days" grow so will the appetite for this form of getting the coin.

Johns Hopkins offers its employees, etc., free typhoid vaccination. Are you wise, O Johns?

Lydston says "the medical tin god is truly a self-made man in love with his maker."

Many writers whittle away truth to point a witticism.

Horace Fletcher says improper mastication makes criminals. This seems to indicate that H. F. has evolved into a crank.

Possibly the translation of his tablet might suggest to the old Chaldean "English as she is spoke"—only worse.

The Grand Canyon and a suffragette convention demonstrate the utter insignificance of man.

After all what is "deep" thinking or writing?

Sheridan said gossip is murdering character to kill time.

*Life's* sketch of a man who has poked up a bee-hive, labeled "Life is certainly what we make it," is pointed.

Whether in time the Doctor will be the subordinate of the Bacteriologist is a Problem.

Wives of great men all remind us, great men are not what they seem.

Some men object to the Stork's bill.

If "progress"—i. e., "making money," ever strikes China!

# THE HOMŒOPATHIC RECORDER

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## AS IT WAS IN THE BEGINNING.

The oldest human records show that in the beginning religion, law and medicine were under one roof, with business and banking on the side, in the temples of Babylon, Assyria and other places. How it was before men began to keep books no one knows, neither is it known when the human race began to make trouble; the men of old say anywhere from 60,000 to 600,000 years, but our modern scholars know better, or think they do, which answers every purpose, for them. Indeed the last king of Babylon, Nabonnedos, who seems to have been a great antiquary, who lived 555 B. C. and is therefore quite modern, tells how he trembled with excitement when the workmen uncovered the corner-stone (or the clay cylinder that does duty for one) of the old temple at Sippur and read thereon the name of Naram-Sin who reigned, he, Nabonnedos, says, 3,200 years before the time of the uncovering. The gentleman we are quoting remarks: "It is one of the great triumphs of modern investigation that we can actually correct the scribes of Naram-Sin, who made a mistake of 1,000 years." As the only records we have of those men who lived so many years ago are the few they left we are inclined to agree that it is indeed a great triumph. If men built huge temples with commemorative corner-stones 6,000 years ago as the builders say, or 5,000 as our scholars say, then indeed the race is a pretty old one and must have evolved from monkeys some ages before—if they ever did, which archæology seems to not confirm, as not a shred of evidence has been discovered to that effect.

Jastrow in his *Religion in Babylonia and Assyria* (Putnam, 1911), a summary of the discoveries, tells us that the priests of the temple had enormous power, which, it seems, in civil matters

they used in the interest of justice to all men. Law, with them, was based on the will of God, or the gods, and they were its interpreters. Taken as a whole the Code of Hammurabi (cut in stone) would not be a bad set of laws to govern any nation, excepting, perhaps, that they put men to death for, say, false swearing, which, of course, would be too drastic for our civilization, as also the death penalty for other light peccadelloes, like stealing, arson, etc.

As the temple was the seat of law so it was of medicine, if that be the proper name for the peculiar belief that was firmly held by these ancient pagans. In brief they held that disease was the effect of disobedience to the laws of the gods and the cure was to acquire a clean body and a clean life.

Jastrow writes: "The evil spirits, supposed to cause sickness and other ills, were of various kinds, and each class appears to have had a special function. Some clearly represent the shades of the departed, who return to earth to plague the living; others are personifications of certain diseases. The existence of special demons for consumption (or wasting disease), fever, ague, and headache, forms a curious parallel to specialization in the practice of modern medicine. \* \* \* In short, like the modern 'germs' of which they are the remote prototypes, they are universal and everywhere."

Again, and this is an idea that those holding it today think is exceedingly modern, sickness was regarded as "uncleanness," a sin. Jastrow tells us: "Sickness itself being held as unclean, purification rites were observed on recovery; these included the purification of the house in which the patient had lain." This was not mere mummary, but reminds one of the way our health boards go at it, though the old fellows burned sweet-smelling things in fumigating instead of vile-smelling stuff. In this our modern fumigators might learn a trick from the Babylonians, for it is the purification by water (scrubbing) that does the trick, according to the more advanced, and the fumigation is merely exorcism, in which the disease demons, or germs, would be more apt to feel at home in the smell of sulphur, etc., than in the presence of incense. Let our health boards consider this matter, for no one will object to incense and it cannot do any harm.

Drifting now from "As it was in the beginning" to "As it is today," read the following from Jastrow, p. 351:



"The view that life continues in some form after death has ensued is so common among people on the level of primitive culture, or who have just risen above this level, that its presence in advanced religions may be regarded as a legacy bequeathed from the earliest period in the history of mankind."

That is as it is today.

The Babylonians, the Egyptians, the Assyrians, the Greeks, the Romans, the Jews and the Christians have all believed in one supreme God. Those seven were in turn the world's rulers, but today? Well, what of today? Sure, it looks as if the University Professor had settled himself in the seat of the Almighty. The belief in a life after what is termed "death" is the belief of "people on the level of primitive culture," *i. e.*, of the seven mighty powers of whom we are the heirs. The Professor cannot comprehend it. He cannot but admit but that there is such a thing as "life" because he himself lives, but as he cannot understand how it can go on when he is "dead," therefore it is not. He is even trying to manufacture "life" in his little brick laboratory, a measure of his limitations. Has he a god? God knows!

We have statues of the "Star Eyed Goddess of Liberty,"—one on Bedloe Island—of Commerce, of Labor, of Justice and many others, perhaps even of Science, who seems to be the deity of the professors. What then? May not the man of 6,000 years hence who exhumes our remains dwell learnedly on the gods the men in the remote period of 1912 worshiped?

Jastrow, who is but a type, classes Jehovah, who delivered the Ten Commandments on Mount Sinai, in the same category with the gods of Babylonia, Assyria and the others, but fails to see that the thread of gold running through the religions of all nations is the acknowledgment of a Creator and a life according to His Commandments, which are epitomized in those Ten Laws; that a life according to them makes for Peace on earth, good will to men, in this life and in a life to come. Cannot any one see that in this classification the laws cease to be divine and become mere rules of human expediency, to be violated with impunity if one does not fear human consequences? Cannot every one see the "great gulf" lying between refraining from robbery and murder from fear of what the jury and judge may do to you, and refraining because it is against God's command?



All this may seem far removed from medicine, but it really is not, for Law, Medicine, Business and the affairs are inextricably interwoven in true religion, which basically considered is simply the plane on which sane life must be lived. To be sure the learned professors, for whom we have a warm affection, even if they do become daffy at times, teach that life is not sane, but a sort of chemical action, or reaction; if they are right in this we may expect polysyllabic chemical compounds for making life merry, or serious or whatever the buyer may ask for. There is a great field here for the big manufacturing chemists, provided they can get "the Council" to endorse their wares. We have something akin to it now in Homœopathy, with its drugs for the various mental states, but these are merely to remove what our ancient friends termed "demons" and have nothing to do with life *per se*.

However as this subject is opening great depths, far over our head, we had better stop, even though it is a rather interesting subject, seeing that without life there would be—nothing.

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### SENILE PRURITUS VULVAE.

By Homer I. Ostrom, M. D., New York.

One of the most distressing gynecological affections of advancing years is pruritus vulvæ. In its extreme form the patient is almost maddened with the itching, which deprives her of rest during the day and of sleep at night. The irresistible desire to relieve by scratching denudes the parts of their protective epithelium, setting up a train of secondary symptoms that reacts upon the nervous system, and if not relieved reduces the sufferer to the condition of a physical and nervous wreck.

The cause or causes of the malady are obscure. If they cannot be traced to an irritating genital catarrh, alteration of the urinary constituents or diabetes, we must seek the etiology in the trophic changes that belong to general decay or a vicious metabolic cycle that interferes with the normal folding up of the reproductive organs.

In the treatment we will of course consider the cause and apply our remedy to its removal. General system building may be, and frequently is, called for, for these patients are usually

below par, and their assimilation is either vicious or imperfect. Out of door life, careful regulation of diet, attention to the alimentary function and stimulation of the eliminating organs are of primary importance, and will receive our earnest consideration. Dynamic medication cannot be dispensed with, neither can we bring to a successful issue these cases if we neglect local treatment. The former alone will here concern us.

*Alumen* will be thought of when the irritation involves the vagina, and is accompanied with the characteristic constipation of this drug—inability to express the feces because of dryness of the rectum. Another valuable indication for *Alumen* is an iridescent film covering the urine.

*Ambra Grisea* is another valuable remedy for senile pruritus. It is especially adapted to cases of general senility; old age is the keynote for this sperm whale product. An additional indication is a pseudo-sexual craving that manifests itself in a desire to be examined, and a certain gratification derived from an examination.

*Angustura* will sometimes render good service when there is a catarrh resembling milk, and the labia are covered with burning pustules.

*Antimonium Tart.* also causes pustules on the labia, with violent itching, but the discharge is characteristically sanguineous, and is liable to be the expression of some deep-seated tissue change in the vagina or the uterus.

*Carbo Animalis* I have occasionally found useful when there are varicose veins of the external genitals; the veins of the vagina may also be relaxed and varicose. It frequently affords great relief in the pruritus that attends malignant diseases of the uterus. The odor of the discharge is foul and excoriating.

*China Officinalis* will be found useful in the pruritus of women who have passed their climacteric, in which there is profound exhaustion from loss of the fluids of the body or from the lack of nourishment. There is mental apathy and disinclination to any exertion, mental or physical.

*Collinsonia Canadensis* is to be thought of for women who suffer from pruritus during the climacteric and following its close, when there is marked pelvic congestion and hemorrhoids. The *Collinsonia* patient is not generally senile, but retains her physical and mental vigor even with advancing years.

*Conium Maculatum.* The itching and sensitiveness of the vulva are parts of a general degenerative process that manifests itself in induration of the cervix uteri and the breasts. There is an acrid, burning catarrh that proceeds from the cervix, with characteristic local stony hardness. A history of suppressed sexual desire—especially in widows, even though widowed for years—will be an additional indication for *Conium*.

*Curara.* When the pruritus involves the vagina and can be traced to a discharge from an ulcerated uterus, this remedy should be thought of. The ulcer is characteristically funnel-shaped, deep and purplish, and irregular in outline. The vagina is red and its corrugations tumefied. The leucorrhœa is thick, purulent and of foul odor.

*Ferrum* and *Ferrum Iodatum.* The patient is weakly and delicate, but her face is frequently flushed, while her feet and hands are cold. With the *Iodatum* there is a catarrh that resembles boiled starch that causes burning and itching wherever it comes in contact with the skin. Old women whose vaginæ are anæmic, but with small hemorrhagic spots under the mucous membrane, and who suffer from prolapsus of the uterus, are especially subjects for the iodide of iron.

*Fluoricum Acidum* is adapted to the pruritus of women who are *prematurely senile*—the opposite of *Conium*—in whom the climacteric has passed too early, but in whom the sexual nature has rather increased than decreased with the folding up of the reproductive function.

*Graphites*, while not especially adapted to old age, will occasionally be found useful in senile pruritus when the vulva is covered with vesicles and is œdematous. The eruptions are moist and the discharge is very excoriating. The vaginal lymphatics and follicles are swollen. The skin cracks easily and is difficult to heal. The *Graphites* patient tends to obesity.

*Hamamelis* will be thought of when varicosity is a marked concomitant of the pruritus. The vulva and vagina are varicose, and with this condition of the veins there is extreme sensitiveness and spasmodic contraction of the sphincter vaginæ.

*Helonias Dioica.* Intense pruritus with a curdy secretion from the vulva. Aphthous vaginitis with erythema. Labia hot and swollen. relaxation of the vagina and the uterine supports

inducing prolapsus. There is frequently with the pruritus a profuse watery leucorrhœa. *Helonias* is suitable for women who have become enervated from a life of luxury, and are soft mentally and physically in consequence.

*Hydrastis Can.* The pruritus of golden seal is secondary to the stringy ropy leucorrhœa that has its origin in some uterine pathology. The cervix is ulcerated or very frequently destroyed with epithelioma. I know of no remedy from which more can be expected in the senile pruritus that attends cancer of the uterus than *Hydrastis*, used locally and internally. As an application to the vulva, I prefer the fluid extract or a dusting powder composed of one part of *Hydrastis* to three parts of zinc stearate.

*Mercurius* will be thought of more for its general indications than for any characteristic of the local pruritus. It is a remedy that suits well the diseases of old age, and is adapted for light-haired persons, with lax skin and muscles. The digestive functions are depressed. The eruptions are moist and the secretions are foul smelling. Cold and cold bathing notably aggravate all the symptoms of *Mercurius*.

*Murex Purpura.* The change of life rather anticipates senility, but frequently conditions that develop at that period are carried over into actual old age. Just here *Murex* will be of service and will greatly assist in controlling senile pruritus. A general pelvic engorgement—characteristic of *Murex*—with great sexual excitement and pruritus vulvæ at the change of life, may continue beyond the completion of the folding up process. In this ensemble *Murex* will be thought of and will almost always afford relief. It is rather characteristic of this drug that whatever mental condition may be present is relieved by a return or increase of the leucorrhœa.

*Muriatic Acid.* I find among my clinical notes "intense pruritus in a patient aged 65 years, intense sensitiveness of the external parts to such a degree that she cannot bear to be touched with the clothing," promptly relieved by *Muriatic acid*. Other symptoms probably lead to the selection of this remedy, but are not noted in my case book.

*Natrum Muriaticum* will occasionally be indicated in senile pruritus. There may be a history of previous gonorrhœa, possibly suppressed. The skin generally is unhealthy looking

Herpes circinatus, blisters, containing yellow water, appear suddenly. There is a tendency to excoriation of contiguous parts, which burn and smart. With the pruritus there is falling off of hair from the mons veneris.

*Nitric Acid.* I have sometimes been led to prescribe this remedy with benefit for the pruritus of old women of rigid fiber who suffer with chronic diarrhœa. The *Nitric acid* patient is never constipated. Senile pruritus at times taxes our utmost resources to find a simillimum, and a single characteristic symptom, as "chronic diarrhœa," may lead to the selection of the curative drug,

*Nux Vomica* is not peculiarly suited to old age. Pruritus vulvæ is not marked, but when present, together with the characteristic mental condition of extreme hyperæsthesia and constipation from defective peristalsis, etc., will be thought of. The *Nux vom.* patient is choleric irritable, of vigorous habit and tense fibre.

*Origanum.* The pruritus vulva is well marked, but the characteristic indication for sweet marjoram is the most intense sexual excitement, especially in old maids and widows. I know of no remedy that will so well allay this distressing and disquieting mental state. Drop doses of the tincture will give the most satisfactory results.

*Platinum.* An arrogant self-esteem with contempt for others always suggests *Platinum*. If to this is added intense sexual excitement without the desire or inclination for natural gratification, and excitement that seeks dalliance only, and pruritus with extreme sensitiveness of the genital organs, this drug will be found most useful.

*Sepia*, though not generally associated with the ailments of declining years, nor notably causative of genital pruritus—though this symptom does occur in some of the provings—will be thought of when there are many other symptoms connected with the reproductive system in patients of an easy disposition, with dark hair, who take cold easily and are inclined to bear their sufferings without complaint. The *Sepia* patient is very conscious of her disabilities and mentally may be prone to exaggerate them, but she is at the same time reticent and endeavors to conceal her feelings from others. She, however, desires their sympathy, even though it is unsought. A marked concomitant symptom of



the *Scpia* patient is a steady pain over the left eye, which may be confined to the point of exit of the supra-orbital nerve.

*Sulphur*. Chronic cases of senile pruritus will almost certainly in the course of their treatment require *Sulphur*. I think of this remedy when the itching is especially in the region of the clitoris and the mons. There is an excoriating, irritating leucorrhœa, the parts over which it flows bleeding easily. The digestion is liable to suffer, being slow and accompanied with fermentation. Besides the pruritus vulva the skin in other regions may be unhealthy, cracking and bleeding easily. All the symptoms of the *Sulphur* patient are aggravated by bathing, whether the water is hot or cold is immaterial.

*Sulphuric Acid*. Pruritus vulva, the parts becoming dark from venous stasis. This is one of the most useful remedies for senile pruritus. The general condition and appearance of the patient indicate physical and mental decay. The characteristic pains of *Sulphuric acid*, increasing slowly, disappearing suddenly, when present will be an additional indication for the use of this remedy.

*Tarantula*. The general condition of the patient will suggest this remedy for senile pruritus of the vulva. Hysteria, nervous excitement, physical restlessness, impelling constant motion, are characteristic of *Tarantula*. The pelvic symptoms are all indicative of congestion, with excitation of the sexual organs. After the natural age decrease of sexual desire it returns with almost uncontrollable vigor. Widows, advanced in years, long past their climacteric, who marry again, usually men much their junior, are suitable subjects for *Tarantula*. These suffer from intense pruritus vulva, which is aggravated by coitus. Uterine hæmorrhage is very liable to follow coitus without the presence of any pathological condition of the uterus. With the pruritus there may be a granular vaginitis with marked congestion of the mucous membrane.

*Zincum* is not especially adapted to senility, but will occasionally be found useful in senile pruritus with the concomitant symptoms of intense sexual excitement and desire at night, with inability to keep the feet and legs quiet in bed. "Fidgety feet" always suggests *Zincum* to me.

In a following paper I will discuss the local treatment of pruritus vulva, not especially that of senility.

130 West 57th Street.



## APPENDICITIS CURED WITH HOMŒOPATHIC REMEDIES.

By P. C. Majumdar, M. D.

Appendicitis is nowadays a common disease. It is also a formidable malady, and great care and attention are required for its cure. There are cases where relapses take place, and many of these recurrences are indeed dangerous. But by judicious management, by homœopathically selected remedies, these difficulties are easily tided over.

CASE I.—M. Ghose, an elderly gentleman, dark complexion and corpulent body, had dyspepsia for a long time and treated by physicians of different schools of medicine with partial relief.

In the beginning of March, 1905, he complained of cold followed by fever and pain over the whole body. He was treated allopathically, but gradually getting worse, consultation had been resorted to and appendicular inflammation was diagnosed. Treatment by leeching, blister and medicines had been to no purpose.

Subsequently Dr. C., an eminent allopathic surgeon of the city, declared the case hopeless, and an immediate operation advised.

At last I was called, and found the patient in extreme agony, fever very high, temperature 104° F., with great tympanitic distention of abdomen; constant ineffectual desire to pass stools, great irritability of mind and intolerable pain in abdomen, especially on the right side. Pulse small and frequent.

*Nux vom.* 30, one dose dry on the tongue. Visited him the next morning; some improvement noticed. No stools but flatulence less. Pain was less but whole body painful on movement. A hard tumor the size of an orange was felt in McBurney's point. Mental irritability still persisting. *Bryonia* 30 three times a day. Next day he had one hard stool but flatulence persisted. There was also colicky pain in abdomen and slight fever. No medicine the whole day.

In the evening of the next day he was worse, much flatulence, high fevers and some difficulty of breathing. One dose of *Lycopodium* 200 had charming effect.

Flatulence gone; had one good stool and no fever. Placebo three times a day. In a few days he was perfectly cured.

CASE II.—Captain B.'s daughter of fifteen summers, strong, slender and healthy, came under my treatment for appendicitis on the 5th of January, 1904. She was under the care of a European surgeon who had done everything for fifteen days without benefit, and at last advised an operation. I was then consulted. Fever not very high, some swelling and pain in the region of the appendix. She had some cough; bowels constipated.

*Rhus tox.* 30, one dose morning and evening for two days. She was worse. Fever increased, much pain, copious perspiration, considerable thirst for cold water; cough less and a hard swelling noticed. *Merc. sol.* 6 twice. Better in every respect; no medicine. She was cured after two weeks.

She had a relapse next year about this time. There was slight fever, pain and hard swelling in abdomen in the region of the appendix.

A few doses of *Rhus tox.* 200 set her right. Since then she had no more relapse. I saw her this year (1911).

CASE III.—Babu N. Datta, strong and healthy young man of 25 years, had an attack of appendicitis. Fever high; hard tumor the size of an orange, painful on pressure; constipation; perspiration without relief. *Merc. sol.* 30 twice daily. Pain less and hardness diminished; much better. No medicine and improving. Bowels not moved. Took nourishment well.

Had no stools for the last three days, and there was some flatulence. *Nux vom.* 200, one dose. Better; good stool; appetite improved; no medicine; cured in a week.

34 Theatre Road, Calcutta, India.

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## STICTA PULMONARIA.

By **Benj. C. Woodbury, Jr., M. D., Portsmouth, N. H.**

In the July number of the *North American Journal of Homœopathy*, 1909 (*International Review*), may be found a very concise review by the late C. Carleton Smith, M. D., of the guiding symptoms of this too little used remedy.

For some time the writer has been interested in obtaining for his own enlightenment corroboration of its symptomatology.

Now that its characteristics have been so well set forth, any repetition may seem superfluous, however, the less commonly used remedies are infrequently consulted and the review of its principal symptoms here may save our readers the necessity of consulting the authorities and manuscripts mentioned.

In the supplement of his Manual of Pharmacodynamics, Dr. Richard Hughes says of this drug: "*Sticta pulmonaria*, the lungwort, is as its name implies in much repute for chest complaints. The few provings it has received did not develop any catarrhal or pulmonary symptoms, and I can find nothing to warrant Dr. Hale's statement that it was found to cause severe coryza with violent sneezing. Equally baseless seems his statement that these imaginary attacks were preceded or followed by rheumatic pains and swellings of the small joints."

Dr. Burdick, from whose experience this picture appears to be drawn, had merely such pain and fullness in the ethmoidal cells as might accompany coryza, and sharp dartings in many of the muscles and joints.

However there is no doubt of its being curative in hay fever and influenza, and in harassing coughs accompanying these and allied disorders. It has also given rather rapid relief in acute but non-febrile rheumatism, which in one of the cases reported seems to have attacked the diaphragm. Dr. E. C. Price esteems it very highly in acute bursitis, as of the knee, the first and second decimal dilutions have been employed.

The reference to *Sticta* thus quoted is as follows:

*Sticta Pulmonaris in Bursitis*.—"I notice that in the December 1st number of the *Investigator* you publish an extract from a letter written by me and published in the *Homœopathic World*, under the above caption. Since the publication of the latter I have received from Dr. E. C. Price, of Baltimore, Md., the following: I am sorry I did not keep a record of the cases of that sometimes troublesome affection (bursitis) that I have cured with *Sticta*. I think they amount to nearly twenty. It is the first remedy I think of in those cases. Judging from analogy I think *Sticta* will prove to be the very best remedy we can use in hydro-pericardium resulting from rheumatic pericarditis, and, perhaps also, in pleuritic effusion. I intend to try it in both diseases."—*E. Hasbruck, U. S. Medical Investigator*, Jan. 1, 1878.

Further references: "I have had considerable experience in its (*Sticta pul.*) use in cases of rheumatic bursitis, and know of no remedy which will so quickly and pleasantly cure a majority of cases of the above named variety."—*E. Hasbruck, Brooklyn, N. Y., Homœopathic World*, Oct., 1877.

Further references are to be found in Hering's Guiding Symptoms and Hering's Condensed Materia Medica. As a further indorsement Dr. Hasbruck says: "I have had no experience with the drug for bursitis having a traumatic origin. My use of it has been confined to the tincture, first and second decimal dilutions, all acting with equal satisfaction."

There is also an excellent report of cases of rheumatism in which *Sticta* has been successfully used, also cases of "sick headache" and other interesting points in Hale's *New Remedies*.

*B. Descript.*—In studying the drug as a whole, we find that Hale gives its botanical description as follows: Thrallous, coriaceous, lax, lacunose, reticulate, dark green and olive colored on the upper side, the under side tormentose, with naked white spots; lobes elongated, separate, sinuately lobed, retuse truncate; opothecia (fruit caps) submarginal, reddish. This lichen is common, fertile on trunks, in mountains and forests, also on rocks, where it varies and is oftener sterile. It is found in New England, New York and Pennsylvania.

*Preparations.*—Under the Latin name of *Pulmonaria* the following mention occurs in the last edition of the *National Standard Dispensatory*, page 313, where, after describing the plant, the author says: "Lungwort has been suggested in the treatment of pulmonary tuberculosis and other chronic bronchial conditions, but its administration is probably of little or no benefit." No official preparation is given.

Cushney in his *Pharmacology and Therapeutics* (edition, 1901) makes no mention of the drug.

*Homœopathic Preparations.*—(a) Tincture: Drug strength, one-tenth; (b) dilutions: 2x to contain one part tincture, four parts distilled water, five parts alcohol, 3x and higher with dispensing alcohol; (c) medications: 3x and higher; (d) triturations: 1x and higher. Part used, whole lichen.

*Analogues.*—*Asclepias tuberosa*, *Cal. carb.*, *Caust.*, *Copaiva*, *Dulc.*, *Eryngium aq.*, *Gels.*, *Hep.*, *Sul.*, *Mercurius*, *Rumex*, *Sanguinaria*, *Sulphur*.

From its provings, which were made by Dr. Burdick and further elaborated by Dr. Hale in his *New Remedies*, we find that upon the—

*Mind*.—It causes general confusion of ideas, inability to concentrate them on any subject. "Legs felt as if floating in the air; she felt light and airy, without any sensation of resting on the bed." This symptom being peculiar, we find under—

*Valeriana*.—Feels light as if floating in the air.

*Asarum*.—Lightness in limbs as if gliding through the air.

*Lac caninum*.—Sensations as if walking on air; bed was in motion; when walking as if walking on air; when lying in bed as if she did not touch it.

*Mancinella*.—Light feeling as though she could float or hover in air.

*Veratrum album*.—As if she would have to fly away. Strange sensation about the heart, after which she felt as if floating in the air. Hysteria after loss of blood; as soon as it comes night her feet and legs would dance and jump round in spite of her; she had to hold them or have them held down. (Burdick.)

Under its mind symptoms there was reported by Dr. S. Lilienthal (*American Journal of Hom. Mat. Med.*, Vol. II., page 234):

*Sticta pul.*—"Dr. Burdick (*N. A. J. of H.*, XII., 207) relates a case (symptom quoted above). Hale in his *New Remedies* has left this case out. Now for the verification of it. Bella, a lively girl, 12 years old, suffered from a light attack of influenza, but was sleepless the night before. *Sticta* has frequently produced sleep in my patients, so that they asked me in the morning if I had given them some narcotic; and as it is also one of our best remedies for influenza, I requested the mother to give her some pellets of it in the evening. After taking it she got very lively. Told her father she felt as if she would like to strike out, only for fun; she would like it just for the fun of it. After a little while she lay down on the lounge and began—to use a common expression—to kick up her heels. Her mother reproachfully said, 'Bella, do behave; that is not lady-like.' When the child responded, 'Ma, I cannot help it; I feel exactly as if I wanted to fly away.' A symptom may appear foolish, but it cannot be expunged, for it is a part of a whole, and just as necessary for the



whole as any grand symptom." Note by Dr. H. N. Martin, editor: "We can corroborate Dr. L.'s remarks regarding the use of *Sticta* in influenza. The following we regard as characteristic indications: Violent coryza, stuffed feeling at the root of the nose, feels entirely well in the morning, but much worse in the afternoon and better in the open air. If these symptoms are well marked a speedy relief will follow the use of this medicine."

*Head.*—Dull sensation in the head with sharp pains in the vertex, side of face and lower jaw. Dull, heavy pressure in the forehead and root of the nose. Migraine, a kind of sick headache. She has to lay down; light and noise aggravate. Nausea and vomiting nearly to faintness. (Lilienthal.) Catarrhal headache before the discharge sets in; a very successful remedy.

*Nose.*—Feeling of fullness and heavy pressure at root of the nose, with tingling in right side of nose. Compare: *Ammon. carb.* Stoppage of nose, mostly at night; must breathe through the mouth, a keynote, even in diphtheria; long-lasting coryza; "snuffles of infants." (*Hep., Nux, Samb., Sticta.*)

*Kali bi.*: Nose: pressive pain in root of nose (in forehead and root of nose, *Sticta*). H. C. Allen, M. D.

Chronic catarrh of head. (The question may well be asked what kind? Dr. Smith's cases, referred to above, were of probably the atrophic variety, with constant blowing of nose without discharge, associated with dry scales on the mucous membrane, also acute exacerbations of this chronic type.)

*Influenza.*—Excessive and painful dryness of mucous membrane; the secretions rapidly dried and formed scabby concretions, requiring great effort to discharge them; the soft palate felt like dried leather, making deglutition painful; irritation in the chest, more in the evening and night. *Sticta* was the only remedy that relieved. (Boyce.)

*Eyes.*—Burning in the eyelids with soreness of the ball in closing the lids or turning the eyes (*Cimic., Eupat., Per., Bryo., Nat. mur.*). Catarrhal conjunctivitis with profuse but mild discharge (*Puls.*).

*Face.*—Darting pains in the side of the face, jaws; darting pains in lower jaw (*Gelsemium*).

*Throat.*—Excessive dryness of the soft palate, with painful deglutition. Dropping of mucus from the posterior nares (*Hyd.,*

*Kali bi.*, *Kali mur.*, *Corallium rubrum*, etc.), and throat feels and looks raw.

*Respiratory Organs.*—Catarrhal affections of respiratory tract. (Hale.) Loose cough in morning, less during the day, pain in the left side below the scapula; tickling in the larynx and bronchia. (Dr. S. Jones.) It relieves continuous racking cough—in consumption—which lasts for hours and causes great exhaustion, also “incessant wearing cough.”

Whooping cough in early stages. Croupy coughs, during catarrh or influenza. Bronchial catarrh with oppression of the chest; hard racking coughs excited by inspiration.

Pain reaching through the chest from sternum to spinal column; arms powerless from extreme pain; difficult breathing and speaking. Cured in three days. (Chase.)

*Extremities—Rheumatism.*—Darting pains in the arms, legs, shoulders, fingers, joints, thighs, knees, toes, etc. General feeling of dullness and malaise, as when a catarrh is coming on. Rheumatism of all the large and small joints, with swelling and pain. (Cured by *Sticta* 1st.) Rheumatism of the wrist joints, with pain and swelling. Swelling and stiffness of the hands and feet. Rheumatism in right shoulder joint, deltoid and biceps muscles, extending into the forearms. Worse in the morning, better during the day (Chase). In right ankle joint (Ib.). Compare also *Rhus*, *Ferr. met.*, *Sang.* and *Nux moschata.*. Here the comparison is about as follows:

*Rhus Tox.*—In cases where there is an element of spraining or straining in the causative factors, or particularly overstretching of muscles, as in reaching with arms over head, or bad effects from getting wet, especially when over-heated. Pains have the characteristic modalities, namely: Relief from continued motion with aggravation on beginning of motion. Better, warm weather, wrapping up, warmth, change of position, motion; worse, before a storm, cold, wet, rainy weather, at night, especially after midnight, and during rest. Particularly when left side is affected.

*Ferr. Met.*—Left sided deltoid affections, particularly in anæmic or chlorotic persons, exhibiting the characteristic pseudo-plethora. Vertigo and cold extremities. Here the modalities are: Aggravation at night, at rest, especially while sitting still; better, walking slowly about, in summer.

*Sang.*—Rheumatism of right shoulder and neck—aggravation from motion and touch. More particularly adapted to this affection when occurring in women at the climacteric, or in persons who were the victims of the characteristic sick headaches, ascending over vertex to right supraorbital region.

*Nux Moschata.*—Particularly adapted to rheumatic affections; from getting wet, from exposure to drafts of air while heated, in cold wet weather or cold clothes; of left shoulder. Pains worse lying on the painful side, cold in general better: in dry, warm weather, warm room, wrapping up warmly (*Rhus*).

*Sleep.*—Sleeplessness—one of the most efficient remedies.

*Nerves.*—It ought to cure hysterical corea. (See mind symptoms.)

*Spheres of Action* (Dewey).—*Sticta* offers a set of symptoms like coryza, bronchial catarrhs and influenza with nervous and rheumatic disturbances. There is a feeling of malaise accompanying. There is dryness of the mucous membranes of the nose. There the secretion dries so rapidly that although there is an inclination to blow the nose, nothing escapes. Its cough is hard, dry, barking, almost croupy, worse at night, with little or no expectoration.

*General Action* (Burt).—This lichen acts especially on the mucous membrane of the air passages; also affects the fibrous tissues and the nervous system.

*Characteristics.*—Also under this heading by the same author. Its great sphere of usefulness is in catarrhal affections of the air passages and rheumatism. After quoting several symptoms already enumerated, he adds the following:

In sleeplessness of children after surgical operations (setting fractured legs) I have found it act like a charm. (F.)

It is often useful in cases of insomnia from various causes. (F.)

The characteristic of *Sticta* in catarrhal affections (nasal), is a constant necessity of blowing the nose, but no discharge results; analogous to the well known symptom of *Nux vomica*, futile calls to stool. (F.)

*Clinical Uses.*—In addition to the cases cited above and recorded in the provings and the interesting cases of rheumatism related by Dr. Hale in his *Therapeutics of the New Remedies*,

the writer wishes to record a case in which the reading of the above led to its employment.

Patient, male, age 16 years, had measles, parotitis and subject to tonsillitis since a child.

*Family History.*—Father living, aged 63, has a mitral regurgitant murmur (not known whether or not due to rheumatism) ; mother, aged 47, rheumatic tendency, but in comparatively good health; two brothers and two sisters living and in good health, one brother had rheumatic fever, when about the same age.

*Present Illness.*—Very severe attack of parynchymatous tonsillitis from exposure to dampness and overexertion with checked perspiration. This was directly followed by an attack of rheumatic fever, which was at first muscular, and with the subsidence of the violence of the inflammatory process attacked the joints of the extremities. Various remedies, according to symptoms, were given, not seeming to check the progress of the disease, which, at length, confined itself to the joints of the wrists and ankles, occasionally involving the elbows and knees. Its characteristics were these: A single joint at a time seemed to be involved and the attack was accompanied by darting, almost stabbing pains followed by swelling and immobility. Pains, stinging, very much worse on slightest motion or pressure; sensitive to air and better by heat and wrapping up warmly. The peculiarity of the pain and involvement of joints was the fact that the condition always shifted sides, if, for instance, the affected joint were the wrist of the one side, it immediately shifted to the opposite side as this subsided; it would next attack the ankle of the corresponding side or the opposite side, and then shift as above. (Compare *Lac caninum*.)

During an exacerbation (after the trouble had persisted unchecked for several weeks), when the the wrist of the left side was badly swollen, the above remedy was given in the third decimal dilution in water, at infrequent intervals. As results of this treatment, the pain was immediately relieved, the swelling disappeared, tenderness subsided rapidly and there was no return of symptoms.

In concluding the study of this valuable remedy, the writer would urge that its efficacy be tested, when indicated in the hard,

dry coughs (nocturnal) of bronchitis, dry, stuffy colds (coryza) with stoppage of the nostrils, and particularly in rheumatic conditions, where its sphere of usefulness seems to be comparatively well defined. Also it should be studied in connection with *Bry.*, *Hyos.*, *Hep.*, *Sang.*, and *Rumex crispus* in respiratory difficulties, and with *CaULO.*, *Ruta*, *Rhod.*, and *Viola odorata* in rheumatism of small joints.

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## A HOMŒOPATHIC REMEDY AND RESULTS.

By J. Henry Hallock, M. D.

Adirondack Mountains, Saranac Lake, N. Y.

Whenever I produce a fine result with a homœopathic remedy I always think of the HOMŒOPATHIC RECORDER, as this seems to be the only journal I know that insists on pure Homœopathy.

Among my tubercular patients this winter is a young lady, aged twenty-three, sent to me from Buffalo, N. Y.

She has been under my care five months, has gained fifteen pounds in weight and has done very well in every way, but she has always complained of one symptom, which the physician before me did not help and for which I prescribed several months before I relieved.

A sensation of heaviness beneath the sternum, deep inspiration uncomfortable and inclined to produce a hacking cough, which seemed to come from somewhere as low as the stomach, with only a little expectoration, though she raised quite a quantity each morning; voice sometimes rough, but not hoarse, with a tightness all along the trachea and the upper branch. Was inclined to have nosebleed. Her tongue was always coated, though she had a good appetite and seemed to digest her food.

There is always a rapid pulse and a consolidation of the upper third of the right lung, and occasionally a few sharp pains through the lung and shoulder. But her persistent symptom was this tightness beneath the sternum.

She is never nervous, nor does a change from warm to cold or vice versa affect her. After taking the case carefully, I prescribed *Bry.* with no relief, then I changed the potency, no benefit.



Then, in order named, *Bell.*, *Bacillinum*, *Iodine*, *Ars. iod.*, *Sulph.*, *Puls.* and *Spongia* and the condition was unchanged.

Now, probably, the reader has thought of the right remedy before this and possibly I would have been able to dig it out sooner had she not been a short, fat blond and *Phos.* is usually called for in tall, slim women, and more frequently dark or red hair, but I finally prescribed *Phos.* 30th.

The next time the patient came, her first words were: "Doctor, you hit my cough all right the last time, I felt relief soon after the first dose." And she has never had any return of any of the bad feelings in her chest and throat, also the cough and expectoration have made a decided gain and she often speaks of *Phos.* as "that wonderful remedy."

This patient was refused admission into one of the sanitariums here on account of her advanced condition, but she is going to get entirely well just the same.

## OFFICERS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CALCUTTA.

The meeting of the Calcutta Homœopathic Society was held in the new building of the Calcutta Homœopathic Hospital on the 16th of December, 1911, the following office bearers were elected for the ensuing year: J. N. Majumdar, M. D., President; B. B. Mukerji, L. M. S., First Vice-President; Dr. U. M. Samonta, Second Vice-President; N. M. Chandhuri, M. D., Secretary; Dr. S. C. Pal, Dr. M. N. Ghose, Assistant Secretaries; Dr. B. C. Datta, Auditor.

Yours fraternally,

P. C. MAJUMDAR.

## HOMŒOPATHY'S LARGEST HOSPITAL.

Communicated.

The Metropolitan Hospital, on Blackwell's Island, New York, now enjoys the one advantage it has hitherto lacked, to make its service of the greatest value. A Reception Hospital with a motor ambulance, which, in six months, answered 1,908 calls, brings every variety of acute and surgical cases to the wards. No hos-

pital can now offer a more attractive service to internes. Its eighteen months' course is divided so that each man serves in each division in rotation. Last year the 11,138 patients were divided as follows:

Surgical, 1,802; medical, 2,803; genito-urinary, 604; mental and nervous, 291; children, 376; eye and ear, 196; nose and throat, 57; obstetrical, 218; gynecological, 104; tubercular, 4,687. 1,020 surgical operations were performed. A hint of the pathological treasures that abound is given by the number of autopsies, 194, performed in the year.

This hospital, maintained by the Department of Charities of New York, has recently opened several new buildings. The new staff house resembles a well appointed club. The pathological building is perfect in arrangement for the utilization of the vast supply of morbid material. The two new pavilions for tuberculosis are equal in design and equipment to any yet built. Service by internes in the tuberculosis division is salaried.

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## CONCERNING MEDICAL LICENSING BOARDS AND THEIR MEMBERS.

*The Journal of the A. M. A.* for January 13 has an editorial on this topic, which opens as follows: "Far above the necessity of better medical practice laws in this country comes the need for good men to enforce them," and this because "the board" stands as "the only legal barrier" between the people and the horde of "doctors" of this, that or the other "system" of treatment. This "horde" embraces every one outside of the "regular" pale who dares to treat the sick. That the present "boards" are incompetent is evidenced by the following quotation from the editorial in question: "Only a few States, apparently, have realized how serious is the menace to the public health of incompetent doctors." Hence those States have bum boards—mixed. To one who has not dabbled in logic this seems serious, but the tyro in logic at once sees the fallacy in the statement. It is true that "incompetent" doctors are a menace to those they treat, but the argument of *The Journal* assumes the real question at issue, and argues from that assumption—begs the question, in other words.

It assumes that the men of its own sect, the allopathic (to use a broad term), are the only "competent" men and builds its whole argument on this proposition, as do all others who contend for medical laws, that the allopath only can fill out.

The vital question, unanswered, and back of all the flummery displayed before legislators when laws are asked for is, Are the allopaths competent? Instead of listening to their very just argument that unfit men should not practice medicine and accepting as a matter of course the assumption that the allopaths are fit, they should, first of all, decide the question, Who are competent? This, as all can see, is a common sense proposition, for if the allopaths are not competent, the state will be in a much worse state when all medical power is given to them to say who shall and who shall not practice medicine. No wise, or just, legislator will vote to give full medical power into the hands of one medical clique unless he is fully satisfied that that particular clique (though it calls itself the whole show, as does the A. M. A.) has arrived at medical truth. And he will not be deceived by a majority, for the majority is just as often in the wrong as is the minority. He will require irrefutable evidence of medical truth before he gives the lusted for power. And who of the medical sects (including the "allopaths" and the "scientifics") can give it?

Suppose, Mr. Legislator, that Senator Blank should introduce a bill to suppress evil in the United States; should very correctly recite how many incompetent preachers there are who are false leaders; prove the need of a reform by showing the corruption "rampant" in our city, and state, legislatures, in "the "trusts," in "big business" (and it could be as easily shown in little business); show the increase in the population of our jails, and detail many other admitted evils? Then suppose the Senator should propose that the ——— Church should be given supreme power to prevent any others than its preachers from instructing and correcting the sinful people, what then? Would you vote for it? Probably not, for the folly of it is too obvious, but that is what you do when you vote away the right of the people to turn any method of physical healing they may elect and give men power to compel them to take a treatment against their will. There is but one true Church (doctrines, though much despised, are but statement of principles and principles are foundation truths) and there is but

one true medical—faith, if you please—or principle. Are you prepared to put the civil power behind any one of the Churches or medical sects? Are you certain which is right?

Dodging the fiery Church proposition we come down to the medical sects. The big one among them, the allopathic, clamors for legal power to “protect the public,” which their opponents say are but other words for putting down competition. The allopaths indignantly deny this and say they are “scientific,” that they avail themselves of all that is good in medicine. Look into their science and you are in a fog that can double-discount the worst London fog that ever came down. As for taking everything that is best, that is what the eclectics claim for themselves—and their name indicates—yet the allopaths call the eclectics—well, bad names, and the eclectics retort in kind and say there is nothing good in allopathy to take. The Christian Scientist says that the whole medical outfit from homœopath to allopath, and all between, are wrong, as there is no such thing as disease. And, Mr. Legislator, if you want further information concerning chaos go to the first medical convention that comes in your way and talk with those who attend, and you will hear more about medical folly than you ever dreamed of; this, too, from those in that particular fold, saying nothing of the many “sects” outside. And what then? Why it seems to follow that each “sect” should have certain clean-cut doctrines, *i. e.*, principles, and stick to them; that the sick should be free to go to whatever “sect” elected—or to none—and that you, Mr. Legislator, should keep hands off. The thing for you to do is to empower the sanitarian to suppress nuisances—if a man fouls the water on which others depend, stop him; there is no conscience here to be “sicklied o’er with the pale cast of thought.”

In conclusion, it seems to us that a free people are as much entitled to medical freedom as they are to religious freedom, and probably they will have it regardless of edicts.

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Chapped hands, *Calendula ointment*.

Hæmorrhoids, non-bleeding, *Æsculus* suppositories.

Hæmorrhoids, bleeding, *Hamamelis* suppositories.

Hæmorrhoids, ordinary, *Æsculus* and *Hamamelis*.

## MODERN SCIENCE AND HOMŒOPATHY.\*

By EDMUND L. COMPSTON, M. B., Ch. B. Vict., Rawtenstall.

Homœopathy is both a science and an art. The art is, as all other arts are, the more important in everyday life, because of its practical application to the alleviation of suffering. We claim Homœopathy to be founded upon a natural law, and, as it is by application laws are proved, it receives its strongest defense because the proof is undeniable. But we need all the help that both science and art can give us, both for everyday use, and to meet and overcome the amount of unreasonable prejudice which Homœopathy has often to face.

## Terms Used.

I shall require to use several terms which express theoretical ideas, and I wish to state at once that, as time and knowledge lead to clearer light, these ideas *may* be changed and replaced by truer ones. So I use them as embodying the explanation of knowledge so far as it has gone—the knowledge being certain even if the ideas deduced therefrom are not.

The principal terms are the following:

*Emanation*.—This term, originally used to denote particles given off in a vaporous condition by a solid or liquid substance, is now often used to denote a more intangible influence which is given off by certain substances—*e. g.*, the radioactive bodies—which influence is akin to, though not actually, radiation.

*Radiation*.—This indicates a power or influence given off by a substance without anything material, so far as our knowledge goes, being concerned in the transmission. The best known examples are light and heat, which are transmitted immeasurable distances without known material agency. Other examples are known, and there are doubtless numberless unknown ones. Recent sciences has but touched the borderland of these wonders.

*Vibration*.—This term is used to express the idea that all activity, of whatever form, is, in its last analysis, of the nature of vibratory motion.

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*Forces.*—This term expresses the sources of all activities of whatever kind.

*The vital or life forces* (or force, depending whether the plural or singular is used) therefore indicate the source of all the manifestations associated with life. The real nature of those forces, as of all forces, is indefinable, because unknown.

*Matter.*—This word, in the sense in which I shall use it, represents that part of the universe which we call the seen, and is the means whereby all the unseen is made manifest to us—*e. g.*, matter is necessary for the revelation to our senses of the forces of light, electricity, and life.

Other terms I will explain as I proceed, but I need to speak very humbly and modestly, as there is so little really known, and so much yet to be known.

### The Reality of the Unseen.

Science more and more reveals the reality of the unseen. I need not remind you of the wonderful demonstrations of this shown by such discoveries as radium, and the wonders of electricity—*e. g.*, wireless telegraphy, X-rays, etc.; and it is all in one direction—the reality and potentiality of the unseen and imponderable.

The unseen, then, is the realm of force and life, in whatever sense we use those terms. And, I believe, that behind all is the Great Intelligence Whom we call Father, and Who has placed us in a universe where wonder follows wonder, and glory follows glory.

I use the words life, force, and matter as representing three well understood ideas, and not necessarily implying ultimate essential differences or nature. They are aspects of the universe perceptible to our very limited senses.

We know, by what we do not know, that the universe is as yet largely a closed book to us. As we try to read the first page we are filled with wonder when we learn that the universe is a cosmos and not a chaos, that it is eternal, that it is infinite in space, and that Omnipotence and Wisdom are everywhere.

But it seems as if the second page is being opened to us, and what we already have learned becomes more harmonious, and our conceptions broader and higher. We cease to talk as dogmatically, as we realize what yet may be revealed.

### What is Matter?

Matter has long been regarded as ultimately composed of minute invisible bodies called atoms, the explanations of the sciences of physics and chemistry having been founded upon the properties of these atoms or the forces acting through them. But as knowledge has increased it is found that to regard matter as being made up of atoms is altogether too coarse a conception, and that the properties exhibited by these theoretical atoms represent a fraction only of the amazing forces within each atom. And the properties of each atom-world are not those of the atoms themselves.

An altogether new outlook is opened to us, which shows clearly that the less materialistic matter becomes, the greater and more wonderful powers it possesses. And so, to use an illustration given by one of our professors of science, whilst it takes many million material pennies to pay for one of our warships, if all the energy locked up in a single penny could be suddenly liberated and used, it would be sufficient to blow that ponderous vessel almost into the unseen.

And I believe that amongst the most important problems for the science of the future will be the liberating of these powers where required, and locking them up where storage is needed. As an example of the latter, the long attempted storage of electricity is an illustration. What an undreamed of and marvellous world, with the solution of many problems, is about to be revealed to us. If such immeasurable forces are locked up in matter, and if these forces are only revealed in certain states of matter—as chiefly at present shown by radioactive bodies, but, doubtless will be revealed in many others as time goes on—what are we to say that matter really is?

It is not fully demonstrated, perhaps, but everything tends to point to the immateriality of matter, if I may so express it. And it is my firm conviction that the day is not far distant when it will be proved that matter is a form or state of *force*. But without going quite so far I will keep to the ascertained, as it will serve my present purposes quite well. For it is *demonstrated* that matter in certain states possesses powers not revealed in the more commonly known states, and that these states are in the

region of the imponderable, and out of the region of chemistry and physics as hitherto known.

We divide the universe into the seen and unseen, the material and the immaterial, the realms of effect and cause. The unseen is the realm of force and life, the seen is the manifestations of these. But we must remember that the terms seen and unseen are purely relative to our bodily senses, representing the interpretation our senses give of the Universe.

### Disease and Its Treatment.

We have two factors in treatment:

(1) Disease, or disordered health; (2) remedy.

It is not my purpose to enter into an explanation of the nature of disease, except to make clear what I have to say about remedy.

In spite of the gross materialistic attitude which dominates so much of present day pathology, and which makes disease so dependent upon material agents, both living and non-living, the thoughtful man who goes to the heart of things sees more and more that, allowing full value to such causal agents, disease is essentially *disordered life force*. For it is only the life principle in a man that makes him capable of becoming a diseased person; and the manifestations of disease are but the reaction of that life principle to those exciting agents.

A material cause is not essential for the exciting of a disease, *e. g.*, mental shock, anxiety, anger, etc. In a dead body none of the causes could produce disease. And it is quite certain that restoration to health comes from the activity of the life forces, as we all prove by everyday experience.

A little thinking will show that, in what we call chronic diseases, this disorder of the life principle is most clearly seen, for we have manifestations of ill health with only a constitutional state to keep them going. It does not matter whether we regard the life force as belonging to each individual cell of the body or look upon it as an entity: it is an entity in practical life, for one part suffers with another.

The above explanation of disease being taken for granted, it follows that anything acting as a remedy must be capable of acting directly or indirectly upon the life force, and I will try to show that Homœopathy, *par excellence*, does so.

### Drug Action.

And now a few words about drug action. I exclude drugs acting chemically, such as corrosives and the so-called irritants, which act by disturbing normal functions where they come in contact with tissues, and act upon the general system by the shock they produce.

And yet there are probably no irritants which, if their irritant effects were eliminated, do not belong to the third, and only important class, THE SPECIFICALLY ACTING DRUGS, meaning by that the individual action which each drug induces and which is peculiar to itself.

Now, in the first place, we must remember that so-called drug action *is not drug action at all*, but the action of the life forces produced by the presence of the drug. I do not know whether the experiment has ever been tried, but I suppose it would be theoretically possible to recover all the strychnine which has poisoned a living creature.

### Drug Action Not Chemical.

It is practically certain that, although modern allopathic pharmacy is largely built upon the chemistry of drugs, specific effects are not caused by chemical action.

And here is a very good illustration of the prophetic nature of Homœopathy, for whilst allopathy is built largely upon the material and crude, Homœopathy has been using for a century unexplained powers, which are today being demonstrated. Hahnemann tested his theory by proof, and found it was a law. Allopathy has often formed theories and raised them into laws without proofs.

The following evidences may be attested that drugs do not act chemically to produce their specific effects:

(1) In poisonings no chemical changes (except such as result from vital action) are proved.

(2) Poisons are found in the tissues as such.

(3) Agents which act by radiation, *e. g.*, X-rays, produce as marked changes (even if local) as drugs.

(4) Quantities too small to have any chemical effect or to be demonstrable by chemistry act powerfully, *e. g.*, homœopathic attenuations.

(5) Disease is often of mental origin.

(6) Life is essential for drug effects; and it lies beyond the scope of chemistry.

We can thus see that drug action must be of a much more subtle nature, and in fact bears more resemblance to a radiation or emanation; that it is some property attached to the drug rather than the drug substance itself, and is what the drug gives off, so to speak. How else is it possible to explain the action of a 1/100 gr. atropine scattered over the whole body, to say nothing of homœopathic attenuations? For to use radium, thorium, etc., as analogies, we have here material substances giving off what we call rays, which are imponderable and do not answer to the laws of vapors or gases and yet possess properties and activities far beyond what any chemical action can explain.

### **Drug Action is Affinitive.**

It is further known that it is a law of the universe that there must be affinities between agents which influence each other. We have already seen that disease is essentially disorder of the life force (or forces). And I do not see how it is possible to reason otherwise than that drug action, whether pharmacodynamic or therapeutic, implies some property attached to the drug—its radiation or emanation—which is related in an affinitive sense to the life forces, and can thus call forth an action of the life forces. And this gives a clear explanation of how drug attenuation is possible, and in fact, in many cases, necessary. We require a medium that will receive and carry the radiations or emanations, and even to develop them from the material drug to which they belong; and thus we get away from the original substance.

Thus, to use analogy, certain agents can receive from radium the radioactive properties and transmit them. A cruder illustration is that scents are not scents, unless there is an ærial medium to convey the emanations.

We have already seen that the more matter approaches the imponderable, the more it develops powers and forces: undreamed of before. Homœopathic attenuation is undoubtedly a development of these undeveloped forces; either an accentuation of forces already manifest, or the appearance of forces not yet known, as in the case of the insoluble and other salts. It is a



well-known fact that our deeply acting medicines are chiefly used in the higher attenuations, or to use a better word, potencies. To my mind that means that the properties attached to the drug have been ætherealized or spiritualized, if I may use these terms, and so made capable of producing in the life forces a greater action because less materialistic and therefore more in affinity with those forces.

By way of parenthesis: the production of the medicinal properties in plants is in itself a most wonderful process. The life forces of the plant aided by the sun's rays (and what unexplained wonders are there!) so act upon the earth and air as to bring forth properties most unlike those of the elements from which they are drawn. Here we have that mystical, subtle, transcendently wonderful property of life at work. And another wonderful and significant fact is that it requires, whether in drug or any other action, creatures possessed of the property of life to demonstrate those properties. Life is the great alchemist and revealer.

### **How Do Drugs Act.**

We may ask how do the properties of the drug cause the life forces to so act? Light is immaterial, even if, so far as we know at present, it is itself dependent upon material for its production. It is supposed to be produced by inconceivably rapid vibrations; the different colors representing different wave lengths and rapidity of vibration. What vibrates we know not, but it is certain that different vibrations can exist together without interfering with each other, a property material bodies do not possess.

Taking the idea of vibration as best explaining the phenomena of the unseen universe, we already know, as in telephony, wireless telegraphy, etc., that for one set of vibrations to influence another, or for one instrument to be capable of influencing another, in one case the wave lengths must be similar, and in the other the instruments must be attuned to the same kind of vibration; and under these conditions an insignificant power will do what a great unsympathetic power cannot do.

It is, therefore, certain that the reason why a remedy induces an action in a diseased person is that there is a sympathetic relationship between the remedy and the diseased person; and the

fact that high potencies so act (as also mental influences) proves that the response must be in the supra-material, and, most probably, the life force or forces themselves, even if through the agency of life-filled organs. And here do we not get a hint as to what the future may have in store with regard to the selection of remedies? Just as light rays acting upon the sensitive plate give a photograph of what lies before the plate, may it not some day be that, with means we know not yet of, we may be able to obtain a picture of such drug properties as act upon life, and also pictures representing diseased states, and so more certainly than we often can now, choose the right remedy? My suggestion may seem visionary, but it is only visionary in that we have not yet eyes to see what actually does exist, that is, the disorder which lies behind the manifested symptoms, and those properties in drugs which produce their specific action.

And now to sum up. I have tried to show that Homœopathy receives strong evidence as to its truth from the scientific side, and receives stronger with every advance.

Firstly, as to the law, *likes are to be treated by likes*. It is scientifically impossible to get satisfactory results without this law, because there must be sympathetic relation between the diseased person and drug.

Secondly, the *practice of attenuation* is demonstrated to be scientific, and in many cases it is necessary in order to develop powers of influencing the life forces not active without it. And this because attenuation brings the developed drug properties to the plane of life forces themselves.

The proofs are necessarily imperfect as yet, but the evidence all points one way. Let us ever be humble and teachable, and thankfully receive new light as it comes, proving all things, and holding fast to that which is good.

We have a Cause worth all we can give to it. Wonderful as our results may be, we must all feel how much better they might be with more certain knowledge. Homœopathy leads to the development of the highest and best qualities in human nature, because it gives a great faith in the Unseen. And it is faith in the unseen side of life that is alone the source of all noble qualities.

Suffering humanity is not cured by powerfully acting unsympathetic drugs, which act upon the frail tenement as the storm,

fire and earthquake did upon the mountains round about Elijah in the days of old; but by the sympathetic still small voice to which the afflicted life forces can respond, because it is the voice of God speaking through one of His laws.—*British Journal of Homœopathy*.

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### ACONITE AS A HEART REMEDY.

*Aconite* is a glorious heart remedy. No other drug is so often called for in acute cases of cardiac trouble. No other remedy works so quickly, so quietly, so surely as *Aconite* in heart affections. If this remedy was prescribed more frequently in endocarditis following rheumatism, or occurring during the acute inflammatory stage, there would be fewer valvular troubles to contend with after our patients get about. Yet there are many homœopathic physicians who rarely give it in this class of disease.

Fear is the predominating symptom calling for *Aconite* in heart troubles. Fear of death, even predicting the time of her death. "Doctor, I shall die, I shall die to-day," has been said to me many times. And yet I give *Aconite* without fear, knowing that it will increase the circulation and drive away the fear, and many times the patient has left my office, or my clinic, laughing at her own fear.

When a man comes with fear and trembling to my office, fearful that I will tell him he has some incurable trouble with his heart; when a woman comes to my clinic, nervous and afraid she will die before she reaches home, I do not make a thorough examination, but give them a dose of *Aconite* 30, dry on the tongue, give them some more to take when they get home, tell them they will be better very soon, and the next time they come they will be stronger, and then I know they can tell me something good. I know the medicine will relieve, because it is homœopathic to the case, and my confidence in the action of medicine gives confidence to them. If you have no confidence in your ability to help your patients, you cannot expect them to have confidence in you. *Aconite* has cured these in the past, and *Aconite* will continue to cure them till the end of time.—*Dr. Geo. McGeorge, Camden, N. J., North American Journal of Homœopathy, Nov., 1911.*

## IS DERMATOLOGY A CLEAN-CUT SPECIALTY.

"No, it is not, and for this reason it is easily one of medicine's most important departments. Fortunately for dermatology and the patients who seek relief at the hands of its exponents, it is an unpopular specialty. Young doctors, who, figuratively speaking, are still wet behind the ears, do not plunge in this field and pose as specialists in diseases of the skin, which fortunate state does not hold good in the other fields of medicine and surgery. Nearly all of the other specialties in medicine concern themselves with surgical procedures, and poorly trained and under equipped men will make a better showing in the actual mechanical side of surgery than in dermatology or general medicine. Then surgery is spectacular and its rewards are large and come quickly; as much cannot be said for dermatology. The successful dermatologist requires a training of the severest sort. He must needs be a good physician, a man thoroughly equipped to practice general medicine, for dermatology dovetails into all departments of medicine and without a thorough knowledge of possible causative factors of skin disease to be found, maybe, in a lesion in a remote tissue, the dermatologist gropes in the dark. The dermatologist is one of those specialists who dare not let themselves become single-sided for with the unconscious development of one-sidedness, departs dermatic skill. A skin lesion may be the visible evidence of some uterine wrong. To pound away at the disfigurement will never bring relief as long as the uterine disorder remains untreated. Dermatology is a far-reaching specialty and its successful exponent must have been a successful general practitioner before taking up this branch of medicine, and as long as he practices the specialty he must continue to be a good general practitioner. Dermatology is not a clean-cut specialty, and the man practicing it as such will not find the largest measure of success."—*American Journal of Dermatology.*

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## A HEROIC PROVING OF NUX MOSCHATA.

"E. E. Hinman reports the case of a woman of 36 years who was in the habit of eating nutmegs, of which she was very fond. On one occasion she ate four or five nutmegs. In a few hours

she began to feel queerly, weak, dizzy, and hardly able to walk. When seen several hours later she was in a condition of collapse. She was extremely pallid, the pulse was 150, feeble and irregular; the pupils were about three-quarters dilated, and refusing to respond to light or accommodation; respirations about 23, and shallow. She complained of an intense dryness of the mouth and throat, a feeling of restriction, amounting almost to pain, across the frontal region, vertigo on the least exertion, and numbness of the legs and hands. All objects appeared to be very distant, and as she looked at those near by they seemed to recede. Objects in the left half of the field of vision appeared to be a chocolate-brown color, while those on the opposite side were normal in color. Sounds were also apparently distinct. She was too weak to turn in bed, and when she was raised everything became black before her eyes. The most peculiar symptom present was a tendency to pass into a dreamy sleep with eyes wide open. Even while talking she would suddenly stop speaking for a moment or two and lie perfectly still, looking directly at me, winking occasionally, and then resume her conversation, remarking that she had been asleep, and been dreaming of doing various things. Treatment consisted of clearing out the intestinal tract and of mild stimulation. Under these measures, recovery was prompt and without incident."—*Albany Medical Annals*.

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The January number of *L'Homœopathie Française* comes to hand looking fine and rejuvenated. The editor, Dr. Vannier, in his opening remarks, "Notre Programme," says that the hostility or indifference that prevails in the world towards Homœopathy is due to ignorance, which, in turn, is largely due to the silence of the homœopaths. "Our silence is a fault." This is true. Every year a new class of men graduate into the age of manhood. Homœopathy is not recognized by governments or by the universities; it is yet outside of them and must depend on its friends for advancement. If our journals would devote a little less space to that chameleon, "the latest," and a little more to plain old time Homœopathy—still the most efficient means of *curing* disease—it would be well.



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## EDITORIAL BREVITIES.

OBSOLETE BOOKS.—A Mississippi doctor complains to *The Journal* of the financial hardship in being compelled to buy new books every few years because those he owns have become obsolete and worthless inside of five years. This is the rule and has been as far back as the memory of man goeth. Each set of books in its time is stoutly held up as the yardstick by which the science of medicine must be measured, and after an average life of five years is discarded. In contrast stand the *Organon*, the *Materia Medica Pura* and the *Chronic Diseases* by which Homœopathy is still measured and to which it returns, after every departure, in a chastened spirit. The medicine measured by this trio of books or by those which conform to their principles is, this year, A. D. 1912, as far ahead of the "regular," though ever shifting, and empirical medicine as it was in the year 1800. That fact ought to count for something among the genuinely scientific.

DEMISE OF THE CLINICAL REPORTER.—Word comes from Dr. Gibson that the *Clinical Reporter*, of St. Louis, is no more, in other words, has ceased to be published. The *Reporter* was established in 1888 with the brilliant Dr. I. D. Foulon as editor. In its day it published some good stuff and, like the rest of us, some not so good. It is always a matter of regret to us when one of our old homœopathic journals goes down and out, for there are not too many of them. If any of the St. Louis or adjacent brethren have any papers let the RECORDER have them. We have a pretty big circulation, and certainly one that is not local. This

invitation is extended to all homœopaths who have messages or something good for the profession.

TYPHOID VACCINATION.—Dr. James M. Phalen, of the U. S. Army, read a paper on this topic recently that is reprinted in the *Journal A. M. A.* of January 6th. The following point from it may be of value to those who incline towards this prophylactic measure. After stating that at the Columbus barracks each recruit is vaccinated against small-pox, and ten days later, while many are “suffering with vaccinia,” the typhoid vaccination is performed, Dr. Phalen adds: “With this rather unavoidable exception the inoculations are not given to men suffering from any illness. This precaution is an important one, for the vaccine has proved that it is not without ill effects on the sick, and the aged and debilitated should be excluded from its use.” Only those in robust health, it seems, can safely stand it. Whether it has a tendency to sap the strength of the robust is not considered. Judging from the foregoing it would appear that it must, to a certain extent, sap the vitality, else why are all weaklings excluded?

“HELP!”—A subscriber asks the editor of an exchange for help in the case of a patient who had an eruption which he “cured” with an application of drugs, but it broke out again in other parts worse than ever. The editor frankly says he does not know what to do, and advises consultation with the nearest and “best dermatologist.” Better advice would be to consult the “best homœopathist.” It was well for that patient that the eruption broke out again. (See Hahnemann’s *Chronic Diseases*.)

CURING THE CURE.—If it were not so sad it would be funny. Dr. Cassidy (*Lancet*, December 16) advises a certain calcium salt as a prophylactic against serum ills. A week ago another gentleman advised the employment of another drug to counteract the evil of vaccination. Soon we may look for an antidote to Salvarsan, and so on, and on, a cure for a cure, and a cure for the cure of a cure, in an endless chain. Honestly, fellow sinner, isn’t it a strain to gravely term this the medicine of “science?” A certain old citizen of Greece once was given a

hemlock cockstail because he asked too many unpleasant questions; the hemlock settled his hash but did not answer his questions.

ANTITOXIN AND DIPHTHERIA.—A good memory tends to make a man something of a cynic in medicine. For instance, he remembers what he has read and heard from friends concerning what diphtheria antitoxin will do in the cure and prevention of that disease. At the time it impressed him. "Here must be something permanent at last!" he thinks. So many received immunizing doses and did not get diphtheria. "Wonderful!" He doesn't dare wonder if the same exemption would not have held true had they received nothing. The "immunizing dose" gets him. Time passes. He reads of the utter failure of the treatment here and there, and how those with the "immunization" contract the disease and die, and how medical science has now discovered that the proper thing is a spray of broth culture of *staphylococcus pyogens aureus* in the throat to protect the one receiving it from the disease. At this point he becomes skeptical, or he sprays with "a broth of *staphylococcus pyogens aureus*" until the next thing arises—and so on to the poor end. There is no sure cure or preventive, but the nearest approach is in pure Homœopathy.

BACTERIA IN FECES.—Those eminent gentlemen, Metchnikoff, of Paris, and the only Abbott, of Chicago, worry much about intestinal bacteria, the former wanting to cut out their chief resort in the body and the latter crying, prophet-like, "Clean up!" *i. e.*, take a dose of salts. Now comes Drs. Burdick and Abel (*Wis. Med. Rec.*) who find that some one—name not stated—has "estimated that 46 per cent. of normal feces by weight consists of bacteria." In the face of all this, our advice is to join a bacteria don't worry club, and eat and drink, giving no thought to the swarming millions within you. If they give you a pain take a dose of mankind's best medical friend, old Indicated Remedy. After all it looks as if bacteria are nothing but a part of that process which the learned term "metabolism," or as literally translated from the Greek, "change;" in short, digestion: if the "bacteria" were not on the job you would have indigestion. So don't worry!

FACIAL SPASMS.—We have all heard of the doctor who threw his patients into fits because he could cure fits. The *J. A. M. A.*, of January 13, devotes nearly six pages to a paper on convulsive movements of the face and how to cure them. To make a very long story short the treatment consists in the injection of several minims of alcohol into a particular nerve. The injection must be repeated until "paralysis is obtained." This persists for some time—two or three months—after which the patient, if the treatment has been successful, has no more facial twistings. This seems to be quite simple (provided you can hit the nerve with the needle), but it is not all; not to go into details we quote: "One nerve should be treated first; the facial palsy which follows must disappear completely before attempts are made to inject alcohol into the other nerve." This treatment is, apparently, more learned than to give the patient one of the remedies homœopathic to this condition, but it would probably please the patient—perhaps, who knows—more to cure him homœopathically, and cost him far less.

SOUND ADVICE.—The *Journal of the A. M. A.* thus summarizes a paper by Dr. J. W. Graves (called Given in summary), of Orofino, Idaho, in *Northwest Medicine*, of November: "To prevent feeble-mindedness and insanity, Givens says, every child should be born of reasonably healthy parents. Every person should have the necessary elements of good nutrition, particularly an abundance of pure air, good water and proper food. All toxic substances from outside the body should be excluded so far as possible and all products of body waste should be regularly eliminated. Such habits of exercise of body and mind, rest and sleep, should be taught and observed as will tend to produce and maintain a sound mind in a sound body." Now there is no man living who will dispute that all this ought to be and few will deny that generally it is not. Just consider the first proposition—being born of healthy parents—to say nothing of the others. It looks as if Dr. Graves had been taking an excursion into Utopia, for which he is to be thanked.

SOMEBODY STOP US!—This is the way Stephens, in *Eclectic Medical Journal*, puts it:

"The American Medical Association accidentally rang the burglar alarm and the people are waking up. Like the farmer who tied himself to a calf, that organization will have to have some one 'head it off or it will kill its fool self.' It had brought itself to believe the people were a set of calves and that no danger threatened if it tied itself up. The calf has its head down and tail up, and something is going forward. Made bold by its apparent success in securing laws in the several states, allopathy thought the time propitious for asking the United States Government for a law which would fasten its dogma upon the people. This started the calf on a joust through the meadow. The calf is still running, and the A. M. A. needs somebody to get it loose."

CONCERNING SALVARSAN.—The *Journal A. M. A.*, Dec. 16, Paris letter, reports nine deaths that recently occurred—two after the first, and seven after a second, injection of this new drug. Also two cases, one a woman, who, supposing herself cured by the drug, infected several persons, and the other, a man, laboring under a similar impression, infected his wife. As this is a "proprietary," had not the Council of Pharmacy of the A. M. A. better get busy?

A THERAPEUTIC HINT.—The *Journal A. M. A.*, Dec. 16, notes that tetanus sometimes follows an injection of quinine notwithstanding the utmost care. The reason is learnedly speculated about, but this we will not touch upon, but come at once to the "hint," which is to follow the quinine injection with one of tetanus antitoxin. To be sure you may have to do something to antidote the tetanus antitoxin, but sufficient unto the day is the evil thereof.

WHAT IS IT NOW?—Our esteemed contemporary, the *Journal of the A. M. A.*, asks: "Do the members of the American Medical Association want the propaganda for reform in proprietary medicines to be continued or do they wish to see therapeutics slip back into the unscientific and chaotic condition that existed before the fight against fraudulent proprietaries was started?" At first reading this seems all right, but on a second perusal the query



arises: What have the proprietaries to do with "regular" medicine, that the reform of the one involves the other, as our esteemed contemporary certainly intimates is the case? Are the learned gentlemen of the A. M. A. dependent on the makers of proprietaries for the success or failure of their therapeutics? If not, why all this pother?

MORE ABOUT ANAPHYLAXIS.—Drs. Howard T. Karsner, of Harvard, and John B. Nutt, of Philadelphia, report, in the *Jour. A. M. A.*, No. 13, the result of their studies on "The Relation of the Intoxicating Dose of Horse-serum to the Protective Dose of Atropin in Anaphylaxis in the Guinea-pig." The object of this note is not to point out the proper amount of atropin necessary to antidote the anaphylactic dose (if that be the proper term) of horse-serum, but, rather to call the attention of our learned brethren (if they will admit the relationship) to the curious state of therapeutics requiring an antidote to a protective dose of anything administered to the sick. There is no question raised as to the accuracy of the observations of Drs. Karsner and Nutt, and most likely such questions are irritating, but still for all that the query is still there and still unanswered. As you contemplate the problem it stretches out to unknown regions. First, the diphtheritic poison. Second, the horse-serum poison. Third, the more deadly atropin poison. And fourth, any more antidotes? Some one may ask, is "Horse-serum a poison?" Well, the authors mention the "minimum fatal dose of horse-serum," from which inferences may be drawn looking that way.

CONCERNING CAUSES.—The following is clipped from a paper on the "Etiology of the Insanities," published in the *Cleveland Medical Journal* for October, and written by Dr. John D. O'Brian, of Canton, O.: "In the insane generally it has been found that digestive processes are retarded and at times almost annulled, and according to our autopsy records chronic enteritis is common to some forms of insanity." If this observation be true, and there is no reason to doubt it, it follows that the sum of human knowledge has been advanced that far, but, granting this, how much nearer does it bring us to solving the riddle of insanity? Are

persons insane because of retarded digestion or is the digestion retarded because of insanity? And so with chronic enteritis. Elsewhere the same question may be raised, as, for instance: Is a man tuberculous because of the bacilli, or does he show bacilli because he is tuberculous? This is not hair-splitting, or juggling with mere terms, as may at first appear. The additions to the sum of facts recorded by Dr. O'Brian, quoted above, by Robert Koch, and by other observers, are additions to the sum of facts—and nothing more. These additions do not in the least solve the *origen* of insanity, or tuberculosis, or whatever else. "Well," some one exclaims, "are they not useful? Why carp at them?" No carping, dear sir, only a pointing out the obvious fact that to say the etiology of this, that or the other disease lies in this or that bacilli, or in this or that condition, is contrary to real science. The observations made are valuable, very valuable, and may greatly aid in the treatment and conduct of a given case, but they do *not* explain that mysterious thing, the etiology of the disease. Is not this so? Read your *Organon* and the didactic part of the *Chronic Diseases*.

WHO THEN?—"Eliminate the term 'allopath,' " says A. G. Field, M. D., of Des Moines, Iowa, in a letter to the editor of the *Journal of the American Medical Association*, November 4, 1911. "In support of the committee of the Fulton County (Ga.) Medical Society, I beg to say that the word 'allopath' was invented by Hahnemann, as was the epithet 'old school' invented by the so-called 'eclectics,' to apply to regular practitioners. See Webster's Unabridged Dictionary. Both epithets are used almost exclusively by irregulars and their friends."

So writes our esteemed *Medical World*. Well, brother Taylor, are the homœopaths and eclectics "regular practitioners?" They are, as you know, legal practitioners, that is to say, "doctors of medicine," according to law. How then is the distinction to be made, if you claim exclusive right to a title which is equally, under the law, the right of others who radically differ from you in practice?

DEAFNESS FROM SALVARSAN.—In *Munchener Medizinische Wochenschrift*, of Oct. 17, Dr. O. Beck relates the case of a

healthy young man, excepting for a "mild case of syphilis." Age 28. He was given an intravenous injection of Salvarsan and six weeks later became totally deaf in the left ear, which was followed two days later with a similar condition in the right ear. Dr. Beck suggests that it might be well to follow Salvarsan with pilocarpine to promote elimination of the arsenic. While this suggestion may be worthy of consideration by those who administer Salvarsan, perhaps it might be wiser to discontinue the use of a drug that is doing so much harm. Excepting at its worst syphilis is not quite so bad as total deafness or an injured eyesight, or other states induced by this new drug. The world, even to a certain extent among homœopaths, is apt to contemptuously shrug its shoulders at the homœopathic treatment of this and other venereal diseases, but for all that Homœopathy is able to cure them, not so dramatically, perhaps, as by Salvarsan and kindred methods, but certainly with no permanent injury to the patient, and, furthermore, with no "relapses," for a homœopathic cure is a cure and not a spectacular transformation of the patient's visible state with worse things following, as for instance total deafness. If a patient has sense enough to "stand for" the homœopathic treatment he ought to receive its benefit, but if he is one of the "know-it-alls," including treatment in the scope of his knowing, why give him what he is after, for the homœopath might as well give it as another, and can probably do it better if aided by remedies that may be markedly "indicated."

"EUGENICS."—This word has lately come to stand as a token for a "science" which has rapidly come forward, so rapidly, indeed, that an "International Eugenic Congress" is to be held at London in July, 1912, to discuss it. Our esteemed contemporary, the *Lancet*, of the proposed congress city tries to tell its readers what it is all about, but the editor does not seem to be quite sure himself, and far be it from the RECORDER to make the attempt where he fails. The latest dictionary, the one by the estimable Dr. Stedman, defines the word in this manner:

"EUGENICS [*G. eugenia*, nobility of birth]. The science which deals with the influences, especially prenatal influences, that tend to better the innate qualities of man and develop them to the highest degree."

With this somewhat vague definition Dr. Stedman stops short. The veteran Duglison doesn't mention the word save in connection with an acid, *Eugenic acid*, which is to say, the "chief constituent of oil of cloves, cinnamon," etc.

Turning now from the medic to the laic definition it is found that the supplement to the *Century Dictionary* defines the word as follows: "The science which deals with the means of cultivating and improving the innate good qualities of man." Going back to the medics we quote from the *Lancet's* editorial, that started all this: "Eugenics is defined by its responsible exponents as 'the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally.'"

Now, gentle reader, you have all of the very latest definitions of the new word, and you can see that it opens an immense field for all the cranks under the sun. Some will advocate the limitation of offspring in a scientific manner, others will advocate the elimination, in some manner, of the venereals, others will want the tuberculous and the legion under that far-reaching term, attended to, others, most likely, will expound the doctrine of the castration of criminals as the thing answering the old question, applied to the race in this congress, "what shall I do to be saved?" which some old fossils think could be done by obeying the Ten Commandments.

Fittingly this congress is to be under the presidency of Charles Darwin, a son of *the* Darwin who launched the theory of Evolution in the world, which to-day is taken by many as science instead of "Darwin's theory."

Evolution, if it means anything, means the unwrapping of that which had been previously inwrapped. And what was inwrapped and who did it? Evolution to be a natural process must go on and on and to what end, if there be an end? If man has unwrapped from protoplasm so far he must go on else, if he be at the perfect stage and Evolution at a stand still, so far as he is concerned, why all this ado about Eugenics?

There be those who say that the one answer to this Eugenic question is "Cease to do evil," for, they contend, you cannot violate the laws of God or nature, if you prefer the term, without suffering the penalty: the action is, as it were, automatic

and as inevitable as the burn that follows touching black-hot iron with the naked flesh. "Well," some one exclaims, "what is evil?" Some may answer, "The burnt hand." Are you sure it is not an effect? The congress may say that the idiots, the venereals, the tuberculous, the criminals and all the others must not propagate their species. Why? "Because they are evil!" Is the idiocy, the venerealism, etc., etc., the cause of their evil state or an effect? You see what a tremendous chasm this opens.

Now, to head off possible criticism, be it observed that this is not a screed against the possibility of the congress doing or suggesting something to alleviate conditions prevailing, but, as the name adopted seems to indicate, the object is to search out fundamentals, and not for the handling of effects produced by those fundamentals; in other words, the object is not to devise means of handling the degenerates, but to seek the cause of their degeneracy. To say that it lies in the parents is but throwing the question back one generation, but by no means answering it. "Why were the parents so?"

AGAINST THE LEAGUE OF MEDICAL FREEDOM.—The *New England Medical Gazette* for December prints an open letter from Dr. DeWitt G. Wilcox, addressed to Dr. ———, that is interesting. After stating that he has read extensively on both sides, even including Senator Work's speech, he has come to the conclusion that according to the Senator the League "seeks to annul or belittle all the great discoveries made in medicine during the last fifty years. It practically wipes out the germ theory of disease. It would abolish all Public Health Boards. It would not insist upon quarantine of infectious diseases. It would terminate at once all public school medical inspection. It would prohibit compulsory vaccination. It scoffs at typhoid protection in the army. It would only too gladly wipe out all restrictions on pure food, drugs and medicines. It would annihilate vivisection in toto. To be sure, Senator Works does not say all this in as many words, but it is there and easily read between the lines."

Concerning all this, Dr. Wilcox says: "If we of the homœopathic school are so afraid that the dominant school will legislate us out of existence that we must call to our aid the medical quacks, the Christian Scientists, the poison food squad, and all



the other medical sore-heads, then I must say that it is better that we die a respectable death and have a decent burial. For my part I would rather be licked fighting honorably with honest comrades than win by the aid of the Hessians."

Divested of rhetoric it seems to us that the question narrows down to one human freedom. In theory our Government is of, from and by, the people. There be those who, with much reason, say this is fallacious; that "the people" never have, and never can, govern themselves; certainly the world has never seen them unanimous on any point; hence the world comes to the lame conclusion that wisdom lies with the "majority." There is a certain good point in this rule of the majority, however, for, while it is useless as a means of settling any truth, it prevents civil war frequently when a "burning question" arises. Every one, friend or foe, must admit that the Owen's bill, like every piece of medical legislation, takes a certain amount of liberty from the individual and confers considerable discretionary power on the few. If these few were endowed with super-human honesty and wisdom it would be well to have it so, for the people are mostly foolish, but until men can be found who are *very* far above the people in wisdom and honesty we prefer to remain medically free, even at the risk of being taken in by a quack, now and then, or continuing to be exposed to the assaults of the germs.

Every one knows that the A. M. A. would be the power in the proposed department, and while we have not a word to say against their personal honesty we have very big doubts about their exceeding wisdom. Indeed how can they have any faith in their own medical wisdom themselves when what they laud one year they laugh at the next? This has been the rule from the beginning of medical history and while it is very true that each medical generation is firmly convinced (as this one for instance) that it has finally arrived at the acme of wisdom, the next one conclusively proves (to *its* own satisfaction) that it was but a bunch of deluded men. It cannot be denied that a National Medical Bureau might do some good, but every one knows that it could also be made the means of great harm in some directions if it fell into the hands of the dictatorial, or the faddist. So, like Hamlet, perhaps it is better to suffer the ills of which we are really unaware, if the simple truth be told, than to fly to others we know not of.

**SURGEONS AND SURGERY.**—Surgeons come in for a great deal of knocking and, as surgeons are merely human beings, no doubt some of it is deserved, *but*—there is a “but” to nearly everything—it seems that when a case has got beyond Homœopathy, as it sometimes does, the surgeon is the last hope of the patient. If every child from its birth were to receive skilled homœopathic treatment the art of surgery would relapse into its original field, but until that distant day the surgeon is a most useful member of society, even if he does occasionally “operate” too previously when in the adolescent age.

“**FRAUD! QUACKERY!**”—There are quite a number of doctors who say the foregoing words when anyone calls attention to anything not contained in their lexicon. If one looks for the primary motive of this frequent cry he can only follow the methods of the criers—he cannot prove anything. If you cannot find a new treatment in the text-books you can safely cry “**Fraud! Quackery!**” for is not the legal limit of medical knowledge to be found in the text-books? In an exchange we notice that a California doctor has had his license revoked for pretending to cure gall-stones with olive oil. The fact is mentioned, but no particulars given, so the man may be an imposter, or he may be one of those unfortunates who are simply in advance of the text-books, which some think is not much of a journey. It is a question for casuists as to the difference between the man, who, taking the patient’s money, “pretends” to cure a disease and doesn’t, or the one who takes the patient’s money, treats a disease and doesn’t—cure. The end reached is the same in each instance with the doctrine of chances showing that the one in the hands of the pretender being the least hurt by the “treatment.” It is somewhat awesome to think of the great hereafter when every man must stand morally naked to his very inmost soul and motive at the judgment seat. It is not wise to be too virtuous in your own eyes.

**VACCINE THERAPY AND HOMŒOPATHY.**—Dr. J. N. Majumdar (*Indian Homœopathic Review*) gives his experience in the recent International Homœopathic Congress to which he was a delegate. In commenting on Dr. Margaret Tyler’s paper, in which was ad-

vocated the administration of drugs according to the homœopathic law regardless of pathology, he said: "The advocates of vaccine therapy on the other hand imagined that ultimately Homœopathy must merge itself into vaccine therapy and that vaccine therapy was going to revolutionize the world. At this I was constrained to observe that while our knowledge of bacteria, toxins and vaccines must be continually increased by our studies in the pathological laboratories, our study of the treatment of cases entrusted to our care should always be strictly according to the homœopathic principle and I believe that Allen, Burnett and others made use of the so-called toxins and vaccines according to our law long before they were discovered by our friends of the other school."

FIGHTING TUBERCULOUS.—It will not be the fault of the taxpayer if tuberculosis does not soon take its place with the dodo. Last year \$14,500,000 were appropriated to fight this disease, New York leading with \$3,550,000, with Pennsylvania following to the extent of \$2,265,000. This, presumably takes no account of private contributions. These figures are found in *Medical Times*.

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### NEWS ITEMS.

Dr. E. B. Nash, author of *Leaders in Homœopathic Therapeutics* and other excellent books has returned from Port Dickinson, where he has resided for several years, to his old home, Cortland, N. Y.

Dr. Karl Greiner has removed from Sparta, Mich., to 50 Warren St., Hammond, Ind.

Dr. Irving C. Gobar has removed to more commodious quarters at 2406 Sutter St., San Francisco, Cal. Congratulations are also in order, as the doctor was married recently.

## PERSONAL.

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Wear the fuzzy hat and prescribe the latest remedy while in fashion, for both go the way to the bone-yard.

The men who crack jokes about the young wife's cooking were never married. Therein is profundity.

The *Texas Coyote* thinks that a centipede with corns is worse off than a giraffe with a sore throat.

The Sunday fisherman, if he catches nothing else, catches it from the good men of the community.

"Honesty is not a handicap in medical practice." Headline in exchange.

The young man said he always got Omer Kbayman and Hunyadi mixed.

No, Mary, the English army doctors are not all in the Lancers. It is very old information, but correct.

When he declared he would die for her and she cheerfully (in effect) replied O. K. then he lost his temper.

Can you judge a man by the toot of his auto horn?

Many a business man has "enlarged" and gone to pot through ignorance of the law of diminishing returns.

Chatter for chatter's sake seems to be the rule.

If every one were "behind the bars" who ought to be there, according to every other one, there would be few on the outside.

A misguided doctor asks *Life* to treat medicine in a "scientific spirit!"

If we all got what we deserved——!

Augustus said he found Rome mud and left it marble. What a chance for the mucker!

According to history Oliver Wendell Holmes once sent a paper to a medical journal and it died shortly.

A Chinese proverb reads: "Many are ruined by buying bargains."

A woman whose shoes are a size smaller than her feet is apt to be ill-natured.

Theatre of War. Scene I. Hero, Red fire. Scene II. Hero, Like other men, eating ham and cabbage.

It is not so much a question of "those left behind" as of what becomes of you.

The friendly savage, asked Walt, "Is he waiting for civilization or has he passed it?"

Never judge principles from men else you land in the ditch.

Notwithstanding what the suffragette may say man has, at least, an equal place in the great economy of things.

Every joke, the wise say, has something of contempt in it.

Cut out the colon *a la* Metchnikoff to keep young if you will, but don't make it compulsory, O doctor.—*A. J. C. M.*

We read of the "cushion of fat" being necessary for a luxuriant growth of hair. How about the many fat-men bald-heads?

# THE HOMŒOPATHIC RECORDER

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## DIATHESIS BUT A SUPERSTITION. !

That which this word once stood for, "a constitutional state predisposing to any disease," to quote the dictionary, must be dropped as folly, according to Dr. R. Clement Lucas, whose address before the Royal College of Surgeons, in England, is printed in the *Lancet* of December 23d. Concerning "Diathesis" the lecturer said:

"This word was used to indicate a constitutional condition derived from the parents, rendering a person liable to a particular disease—a disease developed from the tissues conveyed to him by his parentage. Lecturers spent many hours in elaborating details of such diatheses as the strumous, cancerous, syphilitic, gouty, rheumatic, nervous, plethoric, lymphatic, and so on. But after a time it became evident that the types described as characteristic were those in which a particular disease or habit had already commenced its work. And now they have passed away like a dream, from which the slumberer awakes to enter into new realms of thought."

With it goes its verbal running mate "hereditary." "There is no such thing as hereditary syphilis," "there is no such thing as hereditary tuberculosis," said Dr. Lucas, nor any other disease, but all for which those words stand "have been proved to be due to organisms penetrating from without." All the foregoing is about as "up-to-date" and as authoritative as you can get in a day's journey through the "very latest." It seems that provided you can keep the micro-organisms from entering its system, just as healthy an infant can be born of tuberculous, cancerous, syphilitic or gonorrhœic parentage as from any other. Well, reader, what is your experience and observation? Practical experience is a pretty good authority, indeed ranking with the testimony of



the Royal College, so ask what it teaches you? It is to be observed that the damnation of diathesis is necessary where the germ theory of disease holds sway, because the one excludes the other. Looks like certain scientific medical gentlemen were getting themselves penned up in a blind alley. But you never can tell—what a man *wants* to believe has a powerful influence. The Declaration of Independence in the celebration of which on each Fourth of July we of the United States burn much gunpowder and kill many citizens declares “all men are born free and equal.” This, of course, means politically. The rejection of the old doctrine of hereditary and diathesis is a sort of new declaration of independence declaring that all men are also born physically free and equal. Breeders of what is known as “live stock,” however, treat the last named declaration contumeliously, for they have no use for any animal for breeding purposes that has not a fine physical pedigree. In this practical experience seems to side with the old doctrines. It is a very interesting question—on the one side standing experience backed by the belief of mankind of all past ages and on the other Modern Medical Science still in long clothes and diapers. Is the difference only seeming and not actual? Can the two be reconciled? Or is this new idea merely a hobby-horse amusingly rocked as a real horse of science? *Quien sabe?*

It is presumptuous for the RECORDER to set itself up against a lecturer of the Royal College of Surgeons but—there are the facts! And it is well to remember the old fact (not yet disputed) that all men are liable to err, even men of the Royal College, and the pale recluse of the laboratory.

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## PNEUMONIA AND ACUTE INFLAMMATIONS.

By E. R. Ellis, M. D.

This is the season, February and March, when pneumonia, pleurisy and bronchitis prevail, and in the old school is more fatal than any other class of diseases. Their leading writers give it up that there is no form of treatment of any value in the line of drugs. Certainly it is a matter of common observation that the severity and fatality of lung diseases depends upon the number of doctors the patient has and the vigor of their treatment. They have really found at this late day, that heart de-

pressants are very dangerous in all acute inflammations. The more recent measure that school of physicians have adopted is the application of ice and ice water. Ice packs over the chest in pneumonia, and ice cold baths in typhoid fever is now the approved treatment. This is a violation of the most fundamental principle in medicine for a thousand years past, which, in all fevers and inflammations, is to *keep the determination* to the *surface*, which, it is self-evident, tends to relieve all internal congestions. A doctor who violates this fundamental principle is in error of the most dangerous type. I have known of trained nurses who refuse to attend the sick under doctors who order that kind of applications.

The homœopathic treatment of pneumonia is very successful if followed according to Hahnemann's directions, especially as to the use of the *infinitesimal dose*. Some of our allopathic friends and even many amateur homœopathists, are using *Aconite* in *crude doses*—a drop or two at a dose, or in water with teaspoonful doses. Thus used it is of very little value. For over fifty-five years I have treated pneumonia with the 30th and 200th dilutions without a fatal case. Last year in February and March, I had five cases in patients from 70 to 87 years of age, all of whom made good recoveries and are well to-day considering their ages. With some of these not lower than the 12th dilutions were used, and the higher dilutions for some symptoms and conditions showed prompt effects.

It really appears that many of the younger doctors of our school have become infected with the microbe heresy that doses to *kill something* are necessary. There was never a greater error. Disease is functional in its outset, and when the function is set right it will dispose of germs or any morbid material in a natural and safe way.

If I can influence our profession it will be to impress upon them the absolute necessity of *attenuating* the remedy in all inflammations, and this in proportion to the *acuteness* of the disease.

Not only *Aconite* but the other usual remedies, *Bryonia*, *Ipecac.*, *Phosphorus*, etc., should be attenuated to the 12th to 30th, and in children and sensitive women to the 200th dilution. These, given early, will bring a favorable termination without any decided crisis. In neglected cases, where there is a crisis or collapse,

*Arsenicum*, *Carbo veg.*, *Lachesis*, etc., will do wonderful work in 12th to 30th attenuations. A dozen or two pellets in 1/3 glass of water, and teaspoonful doses, forms a most effectual dose, according to my lengthy experience. When this disease is treated in accordance with true homœopathic principles the cure is permanent. I cannot recall a case where there has been a relapse. It seems to be a fact that diseases of various kinds have a renovating effect, and if it does not happen to kill you the system is fortified against similar attacks in the future, and this is what true homœopathic treatment will do with great certainty.

Detroit, Mich.

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### THE NEW (?) CELL PROLIFERANT.

Editor of the HOMŒOPATHIC RECORDER.

Sir: In the *British Medical Journal*, issue January 6, 1912, there are two articles entitled as above, introducing the newly (?) discovered remedy *Symphytum officinale* and its alkaloid allantoin.

That this is a very old remedy with us homœopaths most of your readers know, but wishing to fix the date of its introduction by our school of medicine I have searched the books in my personal library. Of course, it is known that the drug actually dates back to Dioscorides, but we gave precision to its use, and in connection therewith I find mention of it in the *American Journal of Homœopathy* for August, 1846, which article, entitled "Connection of Homœopathy With Surgery," contains a reference to *Symphytum*, and embraces a translation from yet an earlier (continental) source.

I think it is well for us, as a school, to fix the priority of our remedies at once and for all time, and to that end I think that every work on materia medica and our pharmacopœias should give the date of each drug's introduction or birth certificate, so to speak, to settle our parentage, and as far as possible honor the actual introducer.

In the two articles above alluded to the *British Medical Journal* claims to have discovered something quite new, as is clearly indicated by the titles and the wording of the articles. In reading proof of the papers presented to our late International Homœopathic Congress I notice a paper presenting a valuable chro-

nological table, written by Dr. Margaret Tyler, in which she has done our school a great service. in searching out and compiling the dates of introduction of many of our nosodes, many of which it will be found to have *half a century priority for our school* over the recent allopathic discoveries (?) in the matter of sera, which are their counterparts or closely related. Thus Hahnemann and others acutally antedated the discovery of Wright's opsonic index by half a century and more, though the same was named by Hahnemann "vital reactive force."

In our time our Doctor Burnett was using and had written of *Bacillinum* years before Koch "fathered" his T. B. Kochii, and herein did Burnett's book suggest anything to Koch? Our preparation of the nosode of tuberculosis has the advantage that it "never killed," and it is simply grand to note that our method of a weekly or monthly dose of such a remedy has been forced on the allopaths as a routine of their practice, probably after many "accidents," whilst our "infinitesimal" proportion has also some in for some "imitation." Do not let us lose sight of our "Own."

This *recent discovery* of *Symphytum* by the *B. M. J.*, makes special mention of the power of this drug to increase the activity of cell proliferation, chiefly alluding to its uses in such degenerations as gastric and rodent ulcer and also giving two cases of circular ulcers in paralytics as being cured by it and its alkaloid. We also know its special power in healthy bone cell proliferation, hence its popular names—"Healing Herb," etc.

In one of the papers alluded to in the *B. M. J.*, Dr. Macalister has worked chiefly with the alkaloids, allantoin, but it is well for us to remember that our tincture of the fresh plant *must* include this alkaloid. Dr. Bramwell, the author of the other paper, naively says: "*It is indeed refreshing and gratifying in these days of serums and vaccines and highly complicated preparations, the administration of which, in some cases, is fraught with the gravest possible danger . . . to find a physician of Dr. Macalister's standing setting on foot the investigation of so simple and natural a remedy as the common comfrey,*" which sentiment we endorse heartily, but wish that these researches could be induced to read homœopathic records of the last one hundred years, but then they could not pose as "discoverers."

This drug is of the highest value to the surgeon in conditions

of non-uniting fractured bones or even in abnormal processes following surgically injured or repaired bones.

The following is, I think, a very interesting use of *Symphytum* in my hands. Of course, other remedies were used, as apparently called for, step by step (plus the administration of X-rays often given in five minute applications once or twice weekly, always aiming at stopping short of any perceptible local reaction). I used *Symphytum* in a case of bony tumor (osteosarcoma?), firmly attached to the 3d costal cartilage, beginning near the left sternal end; measuring at first introduction five inches by  $2\frac{3}{4}$  with an elevation at apex of practically  $2\frac{1}{2}$  inches, accompanied by agonizing pains in *both* breasts, so bad that the patient at times fainted on taking off her corsets. There was involvement of axillary and supra clavicular glands on left side, and there was present a growth on the right side of the uterus. *She had refused operation* (vaginal hysterectomy) in New York, when surgeons there and later on the Pacific Coast, had pronounced the case malignant.

On page 595 of "Ferne's Herbal Simples" I find this quotation referring to malignant growths and this drug: "Quite recently the president of the Irish College of Surgeons (1896) has reported the gradual disappearance of a growth (malignant, sarcomatous twice recurrent, and of a bad type) since steadily applying poultices of this root to the tumor. "I know nothing," says Professor Thomson. "of the effects of comfrey root; but the fact that this growth has simply disappeared is one of the greatest surprises and puzzles I have met with."

I always credited *Symphytum* with quite a large share of the cure, which took over two and a half years. *Symphytum* was selected because of the *bone-like* growth on the 3d rib, which evidently was of or ex-periosteal. The uterine mass also lessened to a negligible point, whilst the chest wall became painless and sound, save for a very slight roughness to be felt on careful manipulation of the rib. The lymphatics also became normal.

So this "new cell proliferant" has some power of correcting faulty cell metabolism, which, after all, is in direct line with Similia. I used Boericke & Tafel's ix preparation internally and often locally, when pain was eased (or so reported).

The tumor on the chest wall was nodular, also the skin was



retracted and adherent over a considerable area, that of half a dollar. In this area the skin was badly discolored.

If any one has experience with *Symphytum* in abnormal "cell proliferation" will he kindly record same in your journal, to the end that we may correctly gauge its ultimate scope and power?

Yours sincerely,

E. PETRIE HOYLE, M. D.

84 Holland Park, W., London, England.

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### WHAT DID I GET ?

Editor of the HOMŒOPATHIC RECORDER.

Once upon a time in the not distant past I found my way in a city of the Middle West to a homœopathic pharmacy. Having a little discomfort in the hepatic region of my anatomy, I called for some *Ptelea*. The clerk, a very obliging young lady, hastened behind the prescription desk to get my remedy, which was wrapped with beautifully colored paper, gave it to me and received her pay. The rapidity with which the prescription clerk secured this—a rather infrequently used remedy—in the potency asked for made me inquisitive. Leisurely walking to the door, I opened my elegantly wrapped parcel and found I had been given *Tela*—an unknown remedy to me—instead of *Ptelea*. I called the proprietor's attention to the unknown remedy, and remarked that the clerk possibly misunderstood my order. He declared that the clerk was very accurate, rarely made a mistake, and that I received what I called for. After some etymological sparring I intimated that the remedy wanted began with a capital P. "I never heard of such a remedy." I then spelled it *P-t-e-l-e-a*. It was in no books in his library. I called for Boericke's small handbook on *Materia Medica*, found the name and showed it to my perplexed homœopathic pharmacist; when he saw the word, he said, "Yes, yes, oh, yes! I will get it for you at once. He did so, put on the proper label; now I am puzzled, what did I get when I got *Tela*, and what did I get when it was spelled with a capital *Ptelea*, since my pharmaceutical friend knew nothing of the remedy? Again, what did I get?"

G. E. DIENST, M. D.

81 Fox St., Aurora, Ill.

## COMING INTO THE LIGHT.

Editor of the HOMŒOPATHIC RECORDER.

Thou almost persuadest me to become a . . . . Homœopath.

If you knew what a hard-hearted, obdurate, persecuting allopathic Paul I have been you would wonder at what some of your editorials have done. It set me thinking, and . . . I commenced to try some of the homœopathic remedies in the so allopathically condemned trituration, and lo! in some instances the results were flattering.

I am a scholar of the old country, and am by no means overzealous in making conclusions. Many times I find in your authors of repute a *contradictio interminis* which is not so lightly to be effaced. For instance, there where the one advocates that the more diluted, triturated, decimized, millimized, etc., the more powerful; whilst another one states that since the weak doses did not do it, the heavier doses bore results.

But, and this is the main point, too many condemn without due examination. I avow I am more than stupid in your terminology and deductions. I am also aware that you simply can not always agree with what your brethren want you to print, and that you merely apply *audiat et altera pars*.

I wish I had some decidedly pointed literature, manual, hand-books for homœopathic treatment. However, as a reporter one can not afford all these expenses, and should any of the homœopathic confreres be willing to part with anything of the kind it will be gratefully accepted by

Yours sincerely,

DR. ZWIGTMAN,

Medical Reporter.

Niles, Mich.

## NOTES ON THE PREPARATION OF HOMŒOPATHIC REMEDIES.

By Albert E. Hindsdale, A. B., M. D., Bay City, Mich., in  
The "Chironian."

Some months ago I began in a cursory manner to make some experiments upon homœopathic remedies as prepared by the various homœopathic pharmacists, to determine if the preparations contained that which they purported to contain, and to see how

far different medicinal preparations of the same drug as prepared by different pharmacists agreed in certain chemical and physical properties. Accordingly I prepared a list of ten of the more commonly used remedies and obtained each drug, with the exception of *Mercurius corrosivus* and *Plumbum aceticum*, in the tincture, 1st, 2d, 3d, 4th, decimal dilution and trituration from six of the different leading homœopathic pharmacies. The remedies were obtained in the open market in original containers, and made up the following list: *Spongia*, *Pulsatilla*, *Phytolacca*, *Belladonna*, *Iris versicolor*, *Muriatic acid*, *Nitric acid*, *Mercurius corrosivus*, *Plumbum aceticum*, and *Argentum nitricum*. The list contains in equal numbers representatives of both the vegetable and mineral kingdom. For ease of study and chemical manipulation only those drugs of the mineral kingdom were taken as are soluble in water. Furthermore, only those medicines were chosen concerning whose constituents, partial at least, we had previous knowledge. For instance, previous analyses have established the fact that *Phytolacca* contains considerable potash, *Spongia* contains some iodine, and *Pulsatilla* should contain iron. We are not acquainted with what enters into the formation of all drugs, but with some of them there is no doubt as to some, at least, of the elements which they contain. The endeavor was made to study and compare the different drugs as regards their physical, chemical, and to some extent, their physiological properties.

In as far as possible I studied the above preparations as regards color, specific gravity, taste, chemical constituents, to some extent their physiological effect upon animals, and, lastly, inquiry was directed towards determining the kind of sugar used in the triturations.

COLOR.—This, of course, is the property of substances which is most easily studied and which appeals most directly to the senses. It has been a matter of common observation that different tinctures of the same substance, manufactured by different pharmacists, differ greatly in color. This proved to be the case in the tinctures examined. *Phytolacca* tinctures varied from a very light straw to a very dark brown color. Hardly any two specimens were of the same shade of color. Tinctures of *Spongia* were of a more uniform color. Four of the different tinctures were prac-

tically of the same shade; the remaining two showed considerable variations, both as compared to each other, and to the other four. *Pulsatilla* was a tincture which gave a great range in color values. The colors observed varied from a decided almost black appearance to shades of considerable less intensity. The different tinctures of *Iris versicolor* were all of a uniform color, minor differences being excepted, while tinctures of *Belladonna* showed considerable variations. Some specimens of this tincture had a dark brown color, while others were of a decided pale green. A good idea of the difference in intensity of these colors may be obtained by comparing them to the colors on Vogel's scale of urinary colors. If the dark brown color be compared to the brownish black of Vogel's scale and the pale green be compared to the pale yellow of the same scale the difference in intensity is very nearly measured. It would seem, however, that these different tinctures of the same plant might be honestly and reliably prepared notwithstanding the differences in color. Take *Phytolacca* tincture, for example. The homœopathic instructions for the preparation of this tincture direct that the tincture "be made from the fresh root of not too rank growth." The phrase "of not too rank growth" is rather ambiguous, and one tincture prepared from a root six weeks old might vary in color from another tincture made from another plant two months old, and still show considerable color difference. I have myself prepared tinctures of *Phytolacca*, in accordance with directions of the pharmacopœia, and had as a result one tincture that was of a very pale straw color and another tincture of a dark brown appearance. Again, the chemical character of the soil upon which the plant grows might account for more or less differences as regards color. Tinctures, therefore, should not be too hastily condemned as being worthless because of color differences, but it would seem that if the homœopathic directions—crude and indefinite as they are—be carried out that there would be more uniformity in color values than is usually found. While the above reasons will, in my opinion, account for some of the differences in color values, I do not believe that in all cases they are sufficient to account for all the differences noted. It is a fact difficult of proof and demonstration that some pharmacists use fluid extracts in the making of their tinctures, yet such is undoubtedly the case in some instances.

and will account for the fact that different samples of the same drug, made by different houses, show decided differences in color. This is easily demonstrated. Take a tincture of *Belladonna* that is correctly prepared and compare it with another tincture of *Belladonna* that is made by reducing a fluid extract. The difference in color is most striking.

**SPECIFIC GRAVITY.**—Since marked variations in color seem to exist between different tinctures of the same drug, it is to be expected that differences in specific gravity will be found since specific gravity usually varies—for the same fluid—with intensity of color. I will not go into details but give generalities. The differences in specific gravity between all of the different tinctures of the same drug varied decidedly. One tincture of *Pulsatilla* had a specific gravity of 1010, and another tincture of the same drug from another house gave a specific gravity of 1080. The question may be asked, What is the significance of these differences in specific gravity? The answer lies in the fact that dilutions made from the tinctures will naturally vary considerably in “strength” and drug power. A 2x dilution made from a tincture of *Pulsatilla* of 1080 specific gravity will be much more powerful than the 2x dilution made from another tincture of *Pulsatilla* of 1010 specific gravity. It is not difficult to suppose that if the variation in specific gravity be sufficiently extreme that the 2x dilution of a certain tincture in reality might contain sufficient drug matter to make it equal to the 1x dilution in drug power.

**TASTE.**—One can easily convince himself of the fact that different tinctures of the same plant vary considerably in taste. This method of determining differences between drugs is, I admit, a very crude one, yet the crudeness of the test makes the result only the more striking, since small differences in taste are not easily detected. Only when decided differences could be noted were the results recorded, but in general differences in the taste of tinctures of the same plant could be detected. For example, one tincture of *Iris versicolor* tasted much different from a tincture of *Iris versicolor* prepared by another pharmacist. Considering the variations in color and specific gravity this result was anticipated, and it was found that those tinctures which were of the darkest color and of the highest specific gravity tasted much “stronger” than other preparations of the same tincture.



CHEMICAL CONSTITUENTS.—This method of inquiry gave results which show conclusively that some preparations are incorrectly, if not dishonestly, prepared. I examined *Iris versicolor* to see if it contained iodine. Only five of the different tinctures of this drug proved to contain this necessary constituent, the remaining tinctures being absolutely worthless. In no cases were quantitative analyses made, it only being necessary for the purposes of the experiments to prove either the presence or absence of certain elements. In the same manner I examined the different *Belladonna* tinctures for their atropine content, and four tinctures out of the six examined gave a decidedly negative reaction for this alkaloid, showing them to be of a worthless character. It has long been supposed that the therapeutic effects of *Spongia* lay in the iodine which the sponge contains. *Spongia* was examined to see if it contained its necessary iodine, and four of the tinctures examined showed them to be absolutely devoid of this necessary constituent. Physicians who use certain brands of *Spongia* must not be disappointed if they fail to relieve their cases of croup. *Phytolacca* reacted better to chemical analyses than any other tincture examined. In all cases could a trace at least of potash be detected, and the same was true with *Pulsatilla* relative to its iron content. The tinctures of the acids all proved to contain that which the label on the bottle called for, yet some of the tinctures of the same acid were of a much higher degree of acidity than others. (A few quantitative estimations were made in the case of tinctures of mineral acids.) Tinctures of *Nitric acid* did not show much variation in the degree of acidity, but the tinctures of *Phosphoric acid* varied considerably as regards their acid content. The pharmacist is evidently at fault in this case, for if the directions in the making of these tinctures be followed out it is difficult to see how a very decided variation could occur.

So much for the tinctures. When the attenuations were examined (and I include here the triturations) decided discrepancies made themselves manifest. In the case of *Plumbum acetikum* I could get a test for lead in all of the attenuations up to and including the 3x (all of the different preparations of this drug gave this reaction), but when I examined the 4x, only four of the preparations gave a test for lead. The sudden disappearance

of this element in going from the 3x to the 4x dilution cannot be accounted for except upon some error or mistake in the method of manufacture of the potency. As with *Spongia*, those who use *Plumbum acetikum* above the 3x potency as prepared by certain firms must not be disappointed with negative therapeutic results. Doses of attenuated moonshine would be just as efficacious. No attempt was made to determine the highest potency in which this drug or any other could be detected, but if it can be detected in one 4x potency it certainly ought to be present in any other 4x potency.

*Argentum nitricum*, *Mercurius corrosivus*, *Muriatic acid* could be detected in all cases in the 3x potency. (Time did not permit an examination of higher potencies.) In the case of *Argentum nitricum*, however, the silver was in the form of an oxide instead of the nitrate. No one is to blame for this, as *Argentum nitricum* is a compound which easily changes into the oxide.

PHYSIOLOGICAL EFFECTS.—The vegetable remedies which made up my list are not those which have pronounced physiological action, in so far as acute and pronounced toxic effects are concerned. Out of the five drugs *Belladonna* is the most poisonous, and some experiments were made upon rabbits to determine if the different tinctures of this drug agreed in their poisonous action. Rabbits of equal weight and age were selected for the experiment. I began by giving a rabbit gradually increasing doses of one of the tinctures and discovered that a dose of two drachms caused death. Another rabbit survived doses of this amount, it requiring three drachm doses to produce fatal results. The other three rabbits were killed by doses of 4, 4.50, 3.50 drachms, respectively. It thus appears that the toxic effect of *Belladonna* tincture varies considerably with the particular brand of preparation used. What would have been the effect with other tinctures is not known, but undoubtedly similar results would have been obtained.

SUGAR CONTENT.—One of the absolute essentials in homœopathic pharmacy is that sugar of milk be used in the making of triturations. In most of the triturations examined this menstruum was found, but in two cases it was discovered that other ingredients were used. One manufacturer has used chalk with which to adulterate his *saccharum lactis* and to lessen the expense

of manufacture. Instead of milk sugar common cane sugar was found in a certain brand of trituration.

CONCLUSION.—It is far from the intention of the writer to bring into disrepute that large body of men who are actively engaged in the preparation of our medicines. Some of these firms have been unselfish enough to contribute to the spread of homœopathic influence aside from purely mercenary motives. Quite a few of them have done as much in this connection as have many physicians themselves.

Unfortunately, the pharmacopœia does not set definite standards whereby any particular drug preparation may be judged, and if preparations of the same medicine, prepared by different individuals, vary in physical and chemical properties, the pharmacopœia may be quite as much to blame as the manufacturer himself. It has simply been my intention to point out the fact that discrepancies do exist and let the reader attach the blame to whatever source he thinks it belongs. The importance of obtaining remedies from reliable parties cannot be over emphasized. I am glad to say that only in one or two instances is it apparent that dishonesty or fraud is made use of. It should be the duty of every homœopathic physician to go on foot and out of his way to patronize homœopathic pharmacists of established reputation rather than contribute by his purchases to other firms who are glad to take the money and use it in the furtherance of spreading medicines and doctrines which are anything but homœopathic.

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### “ PILES ”

Under this heading, *Practical Medicine*, an Indian medical journal published at Delhi, prints the following letter:

*Dear Editor:* You are perhaps not an exception to find in your practice that cases of piles are daily increasing, and yet no positive treatment has been discovered for this most distressing human ailment. May I encroach upon you with the request to give your valuable suggestion in warding off this disease, and should you know of any ideal prescription, kindly let me know through the medium of your renowned journal. A. K. A.

So piles are increasing and there is no help in allopathy save by a painful and expensive operation which, when performed,

gives too often no real relief. Why not try the old homœopathic prescription of *Nux vomica* and *Sulphur* alternately—6th or 30th. Or, for quick relief, suppositories of *Æsculus* and *Hamamelis*? Or for badly bleeding piles *Hamamelis* suppositories or ointment? Or for the “chestnut burr” variety, where bleeding is not marked, *Æsculus*, ditto, taking in each instance the drug in, say, the 3d potency internally? These hints will aid or give relief in a vast number of cases—aided by cleanliness of the part affected.

It might be well to add that *Practical Medicine* is of the “regular” school of medicine.

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**SUMMARY OF THE PRINCIPAL SYMPTOMS OF  
THE PROVING OF THE DRUG COLCHICUM,  
UNDERTAKEN BY A COMMITTEE AP-  
POINTED BY THE BRITISH HOM-  
ŒOPATHIC ASSOCIATION.**

In the year 1905 the British Homœopathic Association appointed a sub-committee consisting of Dr. Washington Epps, Dr. Macnish, Dr. Edwin Neatby, and Dr. Stonham to arrange for a drug proving. At a preliminary meeting the drug *Colchicum* was selected. Six provers were obtained, three male and three female, and the drug was given to three in dilutions from  $\theta$  to 6 and to three in dilutions from 6 to 30.

The following gentlemen acted as examiners: Dr. A. Speirs Alexander, Dr. Arthur A. Beale, Dr. J. Galley Blackley, Dr. Washington Epps, Dr. Giles F. Goldsbrough, Dr. Vincent Green, Dr. J. R. P. Lambert, Dr. D. Macnish, Dr. Edwin A. Neatby, Dr. T. Miller Neatby, Mr. Knox Shaw, Dr. T. G. Stonham, Dr. Frank A. Watkins, Mr. Dudley Wright, Mr. Collings (of the Laboratory of the British Homœopathic Association) for examination of urines.

Each patient was examined by a specialist in the various systems of the body every week from the commencement and throughout the proving, and in addition was seen by a director three times a week.

The urine was collected on alternate days and examined by an expert.

Each prover was required to keep a record of his or her symptoms as they arose, in a book given for the purpose. Proving was conducted during March to August, 1905. A modification of the syllabus used by the American O., O. and L. Proving Society was adopted.

The provers were given *Sac lac.* for ten days previously to taking the drug, the name of which was unknown to them and also to most of the examiners. The different dilutions of *Colchicum* were obtained in London from E. Gould and Son, Ltd., Mr. H. Aukland and James Epps & Company.

The detailed provings are of considerable interest, but we have not space to report them in full and must content ourselves with giving a summary of the most important symptoms.

**BRAIN AND NERVOUS SYMPTOMS.**—Depression, inclination to weep, irritability, inability to fix the attention, sleepiness, general lassitude, vertigo. Headache, chiefly frontal and temporal, but also occipital and in nape of neck; in most cases worse in afternoon and evening. Pain behind angle of right lower jaw. Sharp aching pain down left arm from axilla to wrist. Pins and needles in hands and wrists, deadness of fingers, numbness of finger tips. Tingling in legs and feet. Right plantar reflex abolished. Pain in front of thigh. Stabbing pain in region of left breast. Pain in lumbar region < stooping. Shooting pain in the rectum.

**EYE SYMPTOMS.**—Pupils unequal, right larger than left. Pupils unequal, left larger than right. Pupils vary in size. Variations in visual acuity. Dimness of vision after reading a few minutes. Spots, which did not move before the eyes. Streak like a hair before right eye passing obliquely downwards on moving the eye. Variations, slight, in muscle balance. Slight suffusion of right conjunctiva. Slight congestion to inner side of right cornea.

**EAR SYMPTOMS.**—Occasional itching in ears, relieved by boring with the finger. Sharp shooting pains below right tragus, which passed upward and inward, severe, lasted two or three minutes. Stuffy feeling in left ear, hyperæmia of handle of malleus (coincident with pharyngeal catarrh). Singing in ear gradually disappeared during proving. Dark solid clot of blood discharged from left ear. Healing of a previous perforation in



left ear. Increased power of hearing in left ear, of watch from contact to 3 in.; of low whisper from 1 ft. to 4 ft.; of medium whisper from 3 ft. to 10 ft.; of loud whisper from 8 ft. to 20 ft.

**NOSE AND THROAT SYMPTOMS.**—Increase of mucus in throat and larynx. Slight dryness of throat, not relieved by drinking water. Feels as if caustic had been applied to throat, taste of caustic, pharyngeal reflex exaggerated. Slight granulation of pharynx improved during the proving (one patient), liability to naso-pharyngeal catarrh in one prover was unaffected by the proving.

**DIGESTIVE TRACT SYMPTOMS.**—Tongue dry in centre, brown fur in centre, yellow fur each side of middle line, tremulous, moist bluish grey fur, dirty brown fur on posterior two-thirds of tongue, disappeared during proving. Nasty sweet taste. Thirst, with desire for champagne or other effervescent alcoholic beverages. Discomfort and fullness in epigastrium. Gurgling felt in epigastrium. Severe pain in transverse colon for fifteen minutes. Eructation of wind after meals. Sharp pinching pain below left costal margin. Sharp pain in right hypochondrium, afraid to take a deep breath. Pain in liver on rising. Dull pain over liver. Lower border of liver at higher level. Cæcum distended. Bowel felt thickened at right groin. Cæcum and ascending colon much distended. Right half of abdomen with diminished resonance, left half tympanitic. Right lumbar region tender. Pain on pressure over left groin. Tenderness of abdomen to pressure, especially hypogastrium and groin. Borborygmi. Fullness and continuous rumbling in upper part of abdomen on walking. Succussion sounds easily elicited. Succussion sounds easily elicited at first, gradually disappeared. Sinking feeling < evenings. Abdominal distension. Sharp stomach-ache makes her double up and press on abdomen. Pain in abdomen below umbilicus < a few minutes after food. Constipation, stools hard and painless. Relief of previous constipation. Increased frequency of stool. Bowels relaxed, not watery, but without relief to pain. Diarrhœa, stool, pale yellow, watery, pouring away as if from a tap, terminating with spluttering. Stool urgent. Diarrhœic stool left hot burning sensation in anus. At 4 P. M. sudden severe pains in centre of abdomen going from right to left, lasting, in a succession of paroxysms with short

intervals, for thirty minutes and associated with nausea; had to sit still, doubled up and bent forwards; much rumbling and gurgling; attack went off by degrees. Similar attack followed by copious diarrhœic stool, liquid, in one gush like a stream of water, very urgent, offensive; associated with general collapse and cold hands and feet. Woke with colicky pain, hurried, gushing, liquid stool, followed by burning sensation in anus. Tenesmus with relaxed stool, bright yellow. Five diarrhœic stools in rapid succession, each preceded by colic which was relieved by stool; the first stools copious and watery, the last smaller, in small broken pieces, with much painful tenesmus.

GENITO-URINARY SYMPTOMS.—Increased sexual desire. Erections. A varicocele increased in size during proving. Female. Before menstruation. Pruritus of genitals; absence of usual tenderness in breasts; unusual feeling of moisture about vulva two days before. During menstruation: Intermittent shooting pain in left side of rectum; sharp pain over left eye; flow intermitted for a few hours, followed by slight brownish discharge. Shooting pain in left breast. After menstruation; cold feeling in front and outer surface of thigh for two days after period. Leucorrhœa: white, bland, thick, odorless, with pruritus. A free thin watery discharge from noon to 5 P. M. (one day). Pruritus < inner surface of right labium majus, < walking, > rubbing. Pruritus of both labia. Pruritus in posterior commissure. Sensation of swelling in vulva, < walking, > rubbing. Feeling of swelling in clitoris. Abolition of sexual sensitiveness or consciousness.

CHEST—RESPIRATORY AND CIRCULATORY SYMPTOMS.—Respiratory: Cough as if irritation in trachea; fits of cough, unable to suppress them; hard at first, afterwards looser; cough < in morning on getting up, hurrying, talking or laughing. Dyspnœa on hurrying. Neck uncomfortable. Circulatory: Faint feelings, lasting two or three minutes, felt faint in church. Heart: irritable, irregular. First sound reduplicated at apex and ends in click; first sound impure; tendency to reduplication of first sound ceased during proving; second pulmonary sound reduplicated, increased at base; sounds of heart became weaker. Pulse: Strength of pulse-beat diminished; pulse of low tension.

SYMPTOMS OF BACK AND EXTREMITIES.—Aching in lumbar

and lumbo-sacral regions < moving and walking, not < rising from a chair; continues while lying down. Back-ache, lumbo-sacral, > rest, > pressure, not affected by stooping. Dull pain across loins, 11 A. M., < movement. Rheumatism in fingers. Pins and needles in both hands and feet. Pins and needles in tips of fingers, sense of touch not affected. Rheumatism in right hand. Rheumatism in right hand and right ankle, no actual swelling, < movement. Pins and needles came suddenly and left suddenly. A pain of rheumatic character in front of middle of right thigh, seemingly in the muscles, tender to pressure, stiffness. Knee jerks somewhat delayed. Pain in both large toes from large joint pad inferiorly to centre of foot, at 9:40 A. M. and lasted all day. Intolerable irritation on the legs, round the ankles and knees and the base of thighs, during the latter part of the day and night.

SKIN SYMPTOMS.—Slight itching on face, especially forehead. Two small acne spots on forehead. Spot on left side of forehead at hair margin, no irritation. Blotchy papular rash on face, spots tender, no itching. Pink spots on back near spine, above waist, on chest, and on abdomen, lasted three days. Blind boil over sternum. Inflamed pustule on left middle finger and on left buttock. Freer from hangnails during the proving. Urticarial patches on thigh and inside leg, no irritation, two days. Irritation of legs, feet and trunk, worse undressing and after washing; wheals came up on scratching continued all through proving; relieved by *Rumex* 3.

BLOOD CHANGES.—These were, with the exception of one prover in whom a pathological leucocytosis was set up, slight and unimportant. The coagulation time was increased in one case, diminished in one case. The lymphocytes were diminished in two cases, increased in one case. The ratio of red cells to leucocytes was not altered beyond normal variation.

URINE CHANGES.—The quantity of urine was increased in four cases, diminished in one, stationary in one. The total solids were increased in four cases, diminished in two. The urea was increased in three cases and diminished in three. The uric acid was increased in three cases and diminished in three. The purins were increased in five cases and diminished in one. The chlorides were increased in three cases and diminished in three.

The phosphates were increased in three cases and diminished in three. The sulphates were increased in five cases and diminished in one.

Though only six people took part in the provings they experienced a large number of the symptoms known to be caused by *Colchicum*. Most notable was the *Colchicum* diarrhœa which, as was to be expected, only occurred in the provers who took the low dilutions and mother tincture. One prover who had formerly lived in India and had twice had cholera there described her attack as being exactly like what she had experienced during those illnesses.

The eye symptoms, including the most striking one, viz., the inequality of the pupils, occurred in the provers who took the high as well as in those who took the low dilution.

The healing of the perforation of the tympanum occurred in a prover while taking the thirtieth dilution. Most of the other symptoms occurred about equally in high and low provers.

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## THE TREATMENT OF APPENDICITIS IN CHILDREN.

About four years and eight months ago a boy, aged 15, reported to have had several attacks of appendicitis treated by a local allopathic doctor and a consultant, and the opinion expressed by all that nothing but an operation would cure, and the parents not liking that nor seeing their way to the expense of having me go for, as they supposed, many visits, I was asked to prescribe from report as follows: "Pain right side of abdomen intermittent, comes suddenly, causing swelling. Aversion to fat and fish; perspires easily, most in the back. The sudden attacks cause pain principally at the epigastrium, working down to right hypochondrium. At night he lies on his back with knees up, and during the night on right side; has thirst for large quantities; urine adheres to vessel; nails rough; distension of lower abdomen." For these symptoms he received *Sepia* 30, 500, 800, one dose weekly, with placebo between, and in reserve *Belladonna* 30 every hour until relief, in case of return of sudden pain. The other above-mentioned symptoms were considered to call for *Sepia* as indicated in a chronic condition during the intervals between the acute attacks.

Four days after commencing *Scpia*, when, therefore, only one dose would have been taken, the sudden attack returned, and *Bell.* was accordingly administered, and the next day but one the report was: Temperature normal, lump softer and smaller; now interesting himself in things around, whereas when treated allopathically, at these attacks he would lie practically inanimate. The paroxysms were shorter and he was better in himself in every way. Placebo was given, and twelve days later the report was "very well—no return of inflammation." He again received *Bell.*, this time 200 in reserve, as I habitually give a higher potency if possible when repeating a medicine, and especially in chronic cases and the administration of antipsorics. Nothing more was heard of him from May 6 to December 9, when, after exposure to damp, there was some return of symptoms for which *Puls.* 200, three doses at two hours' interval, was sent, and three days later the report was "much better but still some tenderness at affected spots, and high temperature, also bloody mucus from the nose." For this *Sulphur* 200, one dose, followed by placebo, was sent, and nothing more has been heard since except grateful acknowledgments from the father.

The diagnosis, as also the prognosis, was entirely allopathic, as I never saw the boy when any material symptoms were present. The distance from Liverpool was about three-quarters of an hour by rail.—*Dr. E. Mahony, Liverpool, in British Homœopathic Journal, Feb., 1912.*

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## MENTAL SYMPTOMS.

*By William Boericke. Condensed from Pacific Coast J. of Homœopathy.*

In certain drugs the mental symptoms lead and determine almost absolutely, like *Aconite*, *Ignatia*, *Cannabis Ind.*; in others, although important and characteristic, yet they are associated with and expressive of a physical state that is more indicative of the remedy. Thus, our great liver remedies like *Chelidonium*, *Podophyllum*, or uterine remedies like *Lilium*, *Scpia*, etc., have their mental state secondary to the physical lesion, whereas the mania of *Hyoscyamus*, the anxiety of *Aconite*, the mental and emotional instability of *Ignatia*, are less dependent on recognized physical lesion.



Where mental states and emotions are evident primary causes or contributing factors to the production or continuance of diseased conditions, Homœopathy offers much useful aid, thus: Remember the adaptability of *Coffea*, *Aconite* and *Opium* to the ill effect of different emotional disturbances, especially *Gelsemium* to the effect of fear. *Ignatia* and *Phosph. acid* to the effect of grief, etc.

From the standpoint of the general practitioner, merely as illustration, let me review a few remedies, whose mind symptoms have been verified. Passing over the well-known anxious, restless, agonized *Aconite* with its fears and forebodings, whose mental state dominates and characterizes every other symptom-group; the wild, restless, violent, noisy *Belladonna*; the terror-stricken *Stramonium*; the jealous, lewd, lascivious, silly, agitated *Hyoscyamus*; the oversensitive, snappish, uncivil, irritable, angry *Chamomilla*; the gentle, timid, yielding, weeping *Pulsatilla*, with not much reserve force and then fretful, morose and easily put out of sorts. Let me call to your remembrance two or three remedies of special wide range of mental application for cases presenting themselves to the general practitioner.

*Anacardium* is of great value in many conditions associated with profound melancholy, hypochondriasis, hypersensitiveness and irritability. This hypochondriacal state is associated with gastric disturbances, constipation and hæmorrhoids. It follows and often displaces *Nux*, which has similar irritability, but where eating aggravates, whereas under *Anacardium* eating *always temporarily relieves*. This is a sure guiding symptom. *Anacardium* has fixed ideas, hallucinations, a weakening of the moral fibre, with tendency to curse and swear, to explosive profanity, laughing at serious things, want of moral and religious sentiment, takes everything in bad part and becomes violent. He carries always a chip on his shoulder. He is the Dr. Jekyll and Mr. Hyde of the materia medica, because he brings to his conscious perception the two natures found in each of us, the two wills, one urging on to do things that the other forbids. Contrary mental indications at the same time; now he will—now he won't. The loss of memory, the difficulty in collecting the thoughts, the mental depression with the angry sensitiveness breaking out in swearing and violence, are the guiding mental symptoms.

*Aurum* is the remedy for melancholy due to *congestion*, especially when there occurs with it the suicidal tendency. The patient is *afraid of the slightest noise*. Sorrow and depression with desire for solitude, fear that he has lost the love and esteem of others, with great grief and weeping; religious anxiety, with longing for death and constant prayer. Burnett calls attention to its successful employment for pining boys who are low-spirited, lifeless, have weak memory, poor testicular development. In syphilitic patients with this mental depression, suicidal thoughts accompanying violent pain in the head, worse at night, with symptoms of exostosis of cranial bones. The homœopathic treatment of syphilis is at best a dreary desert, but *Aurum* in these conditions is a living oasis, offering brilliant and speedy help in this special line. We all know that despondency and satiety of life is frequently radically cured by the crude drug in bountiful dosage, as coin of the realm; it is equally certain that the homœopathic attenuation will do its appointed work when indicated.

As a representative of the animal kingdom our well-proven *Lachesis* easily takes precedence. It is particularly serviceable in the mental depressions which occur sometimes at the climacteric period. The patient is very *loquacious* and jumps from one subject to another in conversation. Hasty speech. The patient is nervous, sensitive, emotional, easily moved to tears, insanely jealous and depressed, especially sad in the morning, when all the symptoms of *Lachesis* are worse.

Restless and uneasy, does not desire to attend to business, wants to be off somewhere all the time—thinks there are robbers in the house and tries to escape, and fears being poisoned. Patient is always awakened by distress. I think it is the general experience of the school that the best results are obtained from these remedies by the use of a *dosage* rather attenuated.

I believe the more systematic study of the mental and nervous symptoms of our materia medica, especially as they express and interpret the *temperamental* side of the action of our remedies, will do most for the practical working capacity of our special method of drug study and its application in disease.

### KALMIA LATIFOLIA IN HEART DISEASE.

"An old sea captain, who brought on heart strain by over-exertion in rowing a boat race when a young man, has ever since been afflicted with more or less valvular incompetency. With advancing years the cardiac lesion has become more and more troublesome. Cardiac dyspnœa and prostrating palpitation following exertion long ago warned him to avoid all excessive activity. Late years he has been subject to attacks of dyspnœa in the night, which have been alarming to himself and family. Treatment by divers practitioners for several years failed to afford any permanent benefit. The remedies mostly employed were *Digitalis*, *Nitro-glycerine*, *Strophanthus*, *Strychnia*, and other heart stimulants and irritants. Fifteen months ago we began the use of *Cactus* in his case, alternating and combining it singly with *Pulsatilla*, *Cratægus*, *Scutellaria*, etc., as conditions seemed to require. Marked benefit of permanent character resulted in a few months, though one disagreeable symptom persisted—pain in the cardiac region, which often extended down the left arm. After a long period of density on the part of the prescriber, former experience with *Kalmia lat.* was recalled, and its use speedily and permanently banishes the pain. For the past three months pain and dyspnœa have been entirely banished, and the patient's general appearance is much improved; pallor and anxious countenance having given way to good color and an expression of comfort. Before the use of *Cactus* was begun the patient had given up hope, and expected to die every hour. He now expects to live at least ten years more, and, as he is only sixty-eight and is living a careful sedentary life, such anticipation is not unreasonable."—*Webster in Eclectic Medical Journal.*

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### THE AMERICAN FRAUD—FLUID EXTRACTS.

"The 'fluid extract' is peculiarly an American institution, and one of the least creditable we are blessed with. I assert that a physician may go into the general market to buy 'fluid extracts,' and eight specimens out of ten will be so nearly worthless that they cannot be used with certainty in the practice of medicine. In no other civilized country can this be said of any class of

medicinal preparations, but in no other will this class of drugs be found."

"If you send a prescription to a retail drug store, you have no assurance that you will get a decently good medicine, for the reason that the druggist buys his stock where he can buy it the cheapest. It may be news to some of our readers that more than one manufacturer sells his 'fluid extracts' to the retailer at 70 per cent. discount, and will even take ten per cent. off this to make a large sale or get the cash. What can you expect under such circumstances? The price obtained will not pay for the alcohol that *should* be used, much less for a carefully gathered and preserved crude article, and for pharmaceutical skill."

"If you will pick up a dose list from some of these houses, you will see that the most of these are given in teaspoonful doses, and some even larger. If nastiness is a virtue, then they have it, but if you use medicine in the small dose for its direct effect, then you do not want it."

"I know that a few manufacturers put a 'fluid extract' label on a good tincture, and thus offer an exception to the rule, but the rule is as I have stated it."

"We have been cursed with poor medicines, and the readers of the *Journal* can hardly imagine the fight we have been obliged to make against them, and for good articles. It is not to the interest of large manufacturers to concede that anything has been gained, and they will assert to you that this class of medicines has always been good, are still the best remedies in the market, and *theirs* are especially the medicines of all medicines."

"They also do a moderate amount of misrepresentation (we used to call it lying) about specific medication and specific medicines, but the only answer needed is to ask the reader to turn to the 'books' and see for himself. We recommend a moderate amount of 'office pharmacy' to any physician, at least enough that he will know a good remedy when he sees it, and having used a good remedy once, he will never be satisfied with a poor one afterwards. The directions in Specific Medication are for the physician, and there is not a single fluid remedy that he cannot prepare if he wishes."

"I say to every reader, learn to know a good medicine when you see it, buy of good houses, and have this arrangement, that

if a medicine is not satisfactory, it shall be returned.—*Scudder, Eclectic Medical Journal, 1879.*”

(We take the foregoing—which largely holds good today—from the *Medical Gleaner*. Editor of the HOMŒOPATHIC RECORDER.)

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## CONCERNING THE ALKALOIDS OR SO-CALLED ACTIVE PRINCIPLES.

That plant medicines should be prepared to hold so far as possible the natural bonds of union of the characteristic structures found in the native state has been an oft-enunciated principle of latter-day Eclecticism. The divorcement of parent drug from broken out principles has been consistently opposed by leading Eclectic practitioners from the very beginning of our pharmacy, though early efforts at concentration were made by some. Even the latter proved to yield inferior medicines, and such methods were long ago relegated to the past history of experimental pharmacy so far as Eclecticism is concerned. Eclectics have from start to finish persistently and consistently demanded as nearly as possible whole plant medicines. They have done so because clinical experience, that best of medical teachers, has taught them that with energetic drugs the best, fullest, and most uniform results come from such medicines without the dangerous drug shock that so often comes from the administration of extremely toxic fragments—be they alkaloids or glucosides—even in the ordinarily approved dosage. On the contrary, it has also been observed that some presumably important fragments are not only not toxic but practically inert when compared with the drug from which they have been disrupted.

Notwithstanding the claims of some that an active principle represents the parent drug except in power, Eclectics who once went mad over proximates have claimed that proximate principles vary largely, so much so that products of different manufacturers are found to produce the most variable of results, and that many so-called active principles, even of presumed ultimates, fail to exert the same action and give the same therapeutic results. In this connection one has but to read the story of the so-called Aconitines.



When one has long known a therapeutic fact clinically learned, but has clinical observations only to corroborate his belief, it is at least gratifying to have a connected scientific truth uncovered that will substantiate his position. Eclectics have justly contended that aconitine no more represents aconite than atropine represents belladonna, or gelsemine gelsemium. Even old school authorities (now traveling over the old Eclectic road) admit that morphine, though the chief alkaloid, nor any of the many principles of opium, singly or re-combined, do not represent the action of opium physiologically and that the therapeutic uses of the parent drug and its alkaloids are widely variant.

While the Eclectic has taken this ground he must not be misunderstood. To alkaloidal medication as such, through indications founded upon the long study and use of fragments, he is not antagonistic, nor does he deny to others the right to such a practice. He believes, however, that a more desirable practice comes from the use of whole drugs because certain alkaloids are often too energetic and less readily under the control of the prescriber. In other words, he regards it a far less safe therapy as now practiced. But what he objects to most strenuously, and rightly, we believe the reader will concede, is what was pointed out by the writer in an early edition of the *Gleaner*, alkaloidal therapy teachings by indications not established upon a study of the use of alkaloids themselves, but upon the whole drugs from out of which the principles have been broken. Reasoning by kinship that such indications will apply is neither truthful nor just: for it is well known that there are balanced therapeutic possibilities and power in such drug structures which have never been dissociated that cannot possibly belong to an isolated fragment. Such power may be one of added strength or one of restraining influence. We assume that it is not fair to the practitioner to mislead him in this matter, nor to jeopardize the life or health of the sick by over or under medication through ill-adapted drug substances and ill-advised indications.

On the other hand, the physician who uses natural drug compounds, upon indications founded upon such entire drugs, gets the fullest and best action of his medicine with the least variability and least danger of either toxic results on the one side or non-effect on the other. He has, too, a controllable medicine;

and besides, he has the lessons of history to fortify him in the long and uniform testimony from the experience of Eclectic physicians in nearly fifty years' use of whole plant products. Few will gainsay the fact that the Eclectic physician has half a century of experience in these directions, nor will any one deny that our Eclectic pharmacists have advantages in the direction of proximate principle manufacture second to none, either as to experience or apparatus. The Eclectic knows and has tested the indications, which take years to establish, founded upon drug integrity. He has found them to work out so true that for ourselves we can see no reason why he should risk the substitution of a dangerously toxic alkaloid in preference to the more kindly methods known to him, particularly if the treatment be of women and children.—*Dr. Harvey Wickes Felter, in Eclectic Medical Gleaner.*

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### NON-SMOKERS PROTECTIVE LEAGUE OF AMERICA.

"A prophet is not without honor," we are told, "except under certain restrictive circumstances." The *Medical Notes and Queries* may well be considered as a journalistic prophet. For example, early and late, it has warned its readers that the natural trend of our repressive legislation in the matter of alcohol, and in a certain degree in our health legislation, would be to encourage and incubate into activity the latent army of cranks and fanatics who, liking nothing themselves, or being themselves just almost, by nature, liable to fall into drug habits if not braced up by fanaticism, ever wait their chance to eliminate from their world the things they dread. Unfortunately, about one individual in every one hundred and eighty-nine and two-tenths (the accuracy of modern statistics is wonderful) is born with this insatiable craving. Their nerves when not steadied by alcohol or tobacco, or tea or coffee, ever are driving them to fanatical absurdities. Their brains are really too active and intense; they are often useful citizens; their very tension marks them as objects of interest to the humdrum, prosaic, practical mass of their fellow citizens. As preachers they attract crowds, and the duller ones have to imitate them; as lawyers they depend more on oratory and appeal to sentiment than on sound logic and evidence,

and as college professors they are all the time bringing themselves and their colleges into notice by wild and aberrant theories that attract, and get talked about in the newspapers; they are almost as useful to their Alma Mater as successful foot ball or a boat race won at Poughkeepsie.

The application for incorporation of the Non-Smokers' League of America, which was, unfortunately for them, rejected by the Supreme Court Justice in New York the other day, on a technicality, will soon come up again and be granted. Its list of incorporators is a distinguished one: Chancellor James B. Day, David Starr Jordan, president of Leland Stanford; Harvey W. Wiley, Prof. Burt G. Wilder, of Cornell, and several others, including one dentist (tobacco is said to prevent decay of the teeth). Now, the use of tobacco may, like the drinking of water, which we feel sure some of these gentlemen advocate, the use of salt in food, the breathing naturally as nature intended us to, all these things may be so distorted and employed immoderately as to be injurious, and all these have been attacked from time to time as destined, if persisted in, to destroy the human race. In somewhat similar degree tea, coffee, and tobacco, when used in excess, may be injurious, but that any great damage is done by them is hard to prove. They can, however, form a pretty basis for new crusades. It would seem more noble, as well as more useful to the race, to expend the same force on a crusade for Civic Honesty, for a pure ballot, for old age pensions, for reform of crowded slums, for a host of other things, which would make the world a happier and healthier place to live in, than to take away the little solaces of the poor and weary, and make the world in general more harassed and miserable, which the program of the Non-Smokers' Protective League of America, if carried out, would certainly do.—*Edward Willard Watson, in Medical Notes and Queries.*

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#### PRACTICAL POINTERS.

In postscript of a letter Dr. J. W. King, of Bradford, Pa., writes that two cases of ingrowing toe-nails were cured by *Magnet. polus Aust.*, "one a very severe affliction of years' standing, and after several operations had failed to cure."

"Let us remember that death in pneumonia results from *heart-*

debility, and not from want of air or oxygen. You know this as well as I. Immerse a patient in a tank of oxygen and pour coal-tar derivatives down him, then boost him with strychnine and the undertaker gets him soon, very soon—about four days. But treat him right, treat him kindly, and that gentleman is robbed of a job.”—*Stephens, E. C. M. J., Jan.*

“In urticaria *Apis* is almost a specific. I have used it in a number of marked cases with the most prompt and gratifying results.”—*Walter Sand Mills.*

When throbbing is especially marked just bear in mind *Belladonna*—it may not be the remedy, but it probably is.

“The symptom that I keep in mind in reference to this remedy (*Convallaria*), and around which most of the others resolve, is that in the chest and heart conditions lying down is difficult, if not impossible, and the patient is obliged to sit up, or sit propped up.”—*Pierce, Plain Talks.*

For the laryngeal irritation and cough that sometimes follow anæsthesia, and that are not only distressing, but may prove detrimental to the patient, especially after an abdominal operation, I have obtained prompt relief from the use of *Hepatica triloba* (Liverwort), given in drop doses of the 1x.—*Homer I. Ostrom, M. D.*

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### BOOK NOTICE.

MODERN URINOLOGY. A System of Urine Analysis and Diagnosis. By Clifford Mitchell, A. B., M. D. Illustrated. 627 pages. Cloth, \$3.00, net. Postage, 27 cents. Philadelphia: Boericke & Tafel. 1912.

This work comes to us too late for an extended notice. Will have more to say about it in next RECORDER. It is the latest and fullest work on urinology, right up to the minute.

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## EDITORIAL BREVITIES.

NLMF AND JAMA.—They do not love each other. Jama says the league is made up of “patent medicine fakirs, cranks and sore heads,” and Jama is so exceedingly respectable that he has several homœopaths on the run with him, even though in so doing he emulateth Nlmf, for he loveth them not and will cast them off as undesirable physicians when he wins his race. Now hear from the other side—it is the *Eclectic Review*, of New York, speaking:

“Let me say to our unknown friend that *The National League for Medical Freedom* is wide awake and alive to every danger. It is ever watchful and alert. It has a membership of about 300,000 active liberty-loving people of every shade of belief, but united upon one grand principle—*Freedom to employ the physician of our choice; forever opposed to COMPULSORY MEDICATION* of any kind; or the *forcible* inspection or examination of school children. It is carrying on a vigorous campaign of education of the people to the danger which threatens them notwithstanding the plausible arguments of the selfish interests, which, in order to aid in carrying forward the ulterior aims they have in view, are carrying on a propaganda of fear in the minds of the American people.”

The RECORDER sympathizes with the League because it commits you to nothing but plenty of elbow room to do what you think is right and would prevent the building of a hedge of thorny laws compelling you to walk as other men direct.

THE GIANTS.—Sir Dyce Duckworth and Mr. R. Clement Lucas (they would both be “Dr.” in this country) have had a



pleasant sparring match in the pages of the *Lancet*. Mr. Lucas delivered a lecture in which he admits he was "treading with elephantine weight" on the corns of the older men. To this Sir Dyce replied that, to be sure, "the older physicians are to be regarded as rather unwise men with feeble powers of observation." To this Mr. Lucas replies: "On the contrary I spoke of 'the giants in observation' who were misled by a predominant theory."

To all this the philosophically minded might wonder if the day will ever come when the young giants of today will be classed among those led by a theory in their heyday. From Galen, and before, it has been a succession of beautiful theories, the holders of each being dead sure they were finally in the Temple of Truth—but they weren't, excepting the homœopaths.

THE WASSERMANN REACTION.—No sooner has the medical scientist who views disease through the test-tube and the microscope surmounted one hill, on top of which he hopes to rest, than another and a higher one obstructs his passage to the City of Medical Rest. The Wassermann reaction was supposed to be a resting place, but now there seem to be strong reasons for suspecting that "its value is abolished by even moderate alcoholic ingestion." If this be so, as Drs. Craig and Nichol hinted in the *J. A. M. A.*, why its use—if it has any—must be limited to total abstainers, who usually do not have the disease which is assumed to cause the reaction. It looks as if "the totality of the symptoms" still heads the procession in real medical science, even though the ephemera make much more noise during their brief day.

SERUM DANGERS.—It looks as if serums were on the wane and might go down and out if it were not for the fact that health boards had strenuously adopted them almost to the point of compulsion, and a health board, being official, is hard to reverse, even for itself. Anaphylaxis is a part of the serum operation and as we learn from Dr. G. T. Grinnan's paper (*J. A. M. A.*, Jan. 20) was a name adopted by Ricket in 1904 for this phase of the action of serum. Here is a practical illustration from the paper:

"For example, if we give a normal guinea-pig a sensitizing

dose of 0.1 c.c. of horse-serum subcutaneously, intravenously, or intracranially, and after a period of from seven to nine days give this sensitized guinea-pig another dose in the same manner, the pig becomes very suddenly sick. He becomes restless, scratches at his nose and mouth and appears in great distress. His breathing becomes irregular, shallow and quick. He has convulsions and dies in so-called anaphylactic shock, the heart continuing to beat for some time after respirations have ceased. Had the pig survived the second dose, he would have been in a condition of immunity for the time being, and would have no longer reacted to a dose of the same serum. If after giving the first dose no more serum had been given, no symptoms would have resulted."

The same condition seems to prevail with human beings. Further on we read that "according to Donaldson 80 per cent. of all serious accidents in the use of serum occur in those who have been previously inoculated. Reports from all parts of the country confirm this." Finally Dr. Grinnan concludes by saying that this form of medication requires "as much study as the most dangerous drugs." It is a queer state of affairs for the honest doctor; on the one hand he is loudly accused by some of being "criminal" if he does not use this serum and yet if he reads Dr. Grinnan's paper he will see, incidentally mentioned, "thirty-four deaths reported by Owens following the injection of horse serum (in the form of antitoxin)," which confirms the claim that the drug should be handled as one that is "most dangerous."

THE SEARCH FOR THE NEW.—An English medical lecturer opens his discourse with the complaint that it is difficult to find a subject that possesses any degree of novelty these days. This is quite true hence, most likely, the ransacking the field of bacteriology receives—the aforesaid lecturer after his opening apology or complaint plunges into it. This little preliminary of the lecturer suggests that it might be well to master the fund of knowledge already accumulated rather than to assume you know it because you own books containing it, and so seek for something new. The ceaseless search for novelty causes the "rubbish heap" to grow mightily, and yet it contains matter that may be of far more value than much given the world as new, which term is not by any means always the synonym of truth.

THE MEDICAL TIMES.—This one-time homœopathic journal has been sold by Dr. A. K. Hills to Romaine Pierson, publisher of *The Practical Druggist*. Dr. H. S. Baktel will be editor. The address is 108 Fulton St., New York City. The *Times* resulted from the consolidation of the *Medical Union* and the *N. Y. Journal of Homœopathy*, and the first number was issued in 1875, with Drs. Egbert Guernsey, Wm. Tod Helmuth and E. P. Fowler as editors. After a stormy time the "homœopathic" feature was dropped and Drs. Guernsey and Hill assumed charge of the journal. The *Times* has been an ably edited journal, concerned more with the prevention of disease and the building up of health than actual treatment. We wish the new editor success.

CONFUSION. THE SPIROCHÆTÆ.—The Earnest Seeker after Truth often lands in confusion. In an article (it is not in a homœopathic journal) recently the author tells his readers of a man who presented himself with a dirty looking ulcer the size of a dime on his penis. The doctor evidently did not know what ailed the patient, so he made a microscopic examination which failed to reveal the presence of spirochætæ, therefore it wasn't syphilis. So he bound the ulcer with a salt solution for twenty-four hours, after which a microscopic examination revealed the spirochætæ in abundance, so it was syphilis after all. It appears that "the saline solution applied for twenty-four hours re-awakened the spirochætæ which had disappeared under the influence of mercury"—i. e., "Ung. Hydrarg." Now the Earnest one wants to know if the "spirochætæ" are the disease? Did the salt solution re-infect the patient? Or if, when asleep, can the physician be deceived in his diagnosis—that is to say, when the spirochætæ are asleep? These spirochætæ were, it seems, put to sleep by Ung. Hydrarg. and the salt solution re-awakened them. When asleep they were invisible; therefore the question arises, are they the cause of the disease or its attendants? Or was it that the mercury was worse than themselves and when the salt solution washed it away they were again enabled to return? In all this there is one Spectre that haunts the Earnest Seeker, and that is, that the old-time diagnostician who did not know the spirochætæ had one over his modern successor who must first

inquire of the microscope before he can deliver an opinion. The old-timer would have told the patient what ailed him without parley, and this fact arouses the Grave Proposition: Are the microscope diagnosticians not emasculating that Ancient and Honorable Art? Making it a thing of most minute particulars rather than one of a broad vision?

MENINGITIS SERUM.—According to reports on Jan. 29 from Texas there had been 437 cases of meningitis in three cities, with 190 deaths, a death-rate close to 40 per cent., up to that date, in the present epidemic. As the dispatches mention the New York specialists in the disease being there, it may be inferred that the serum of the Rockefeller Institute has been employed and proved to be another failure in practice, though in theory it had “conquered” the disease. Rather curiously the same newspaper from which these figures were quoted prints another dispatch, from Washington, headed “Serum Conquers Typhoid in the Army.” There is no instance in which the death-rate of meningitis under straight Homœopathy has reached anywhere near the above frightful figures. Why should not the Texas authorities call in the homœopathic doctors?

DIAGNOSIS.—“Many of us have heard of the two students who reported on the same patient in competition for a clinical prize. The patient presented, among other symptoms, a remarkable discoloration of a certain area of skin, and the first student described this discoloration with the most careful minuteness. He measured it in different directions and drew a rough sketch of its general outline. The second observed the phenomenon with equal care, but he exercised his imagination and formed a hypothesis which he proceeded to bring to the test of experiment. He asked a nurse for a wet towel, with which he wiped the discoloration away.”—*Lancet*.

The doctor ought to be a sort of Medical Sherlock Holmes, who indeed was a doctor.

PLAGUE. A QUERY.—For the week ending Dec. 9th there were 8,450 cases of plague reported in India, with 6,583 deaths, a frightful death-rate of 78 per cent. As the stately old writers

used to say, "there is food for thought here," namely, that there must be something beyond "the plague bacillus" to account for this awful mortality. The United States medical authorities have been finding, in California, that bacillus on the rats, mice, fleas, ground squirrels, etc., for years, yet there are no cases of its disease in that State. Why? That is the "query." If the bacillus is the sole *cause* of the plague, why is there none in California, even though the medical authorities are finding it, according to their reports, even in the forests?

MODERN RESEARCH AND HAHNEMANN.—Broadly speaking, Hahnemann contended that when a man was ill his whole organism was affected; that each man was ill in a manner peculiar to himself; that, therefore, the symptoms presented by each patient were to be considered and treated, and not the name of the disease. In this connection the comments of the *Lancet* (Jan. 20) on a paper on the etiology of yellow fever by Dr. Harold Seidelin, editor of the *Yellow Fever Bureau Bulletin*, are suggestive. The paper chiefly treats of the bacteriological aspect of the disease, and while not denying the worth of the work of Reed, Carroll and Agramonto, it says that the experiments of these men "were not conducted altogether under ideal conditions, and that therefore they do not afford absolute and conclusive proof." However the doubt is not concerning the alleged fact that the disease is due to a specific organism, but, apparently, as to the name and family of that organism. Dr. Seidelin "proposes to call this parasite the *paraplasma flavigenum*, and he thinks it probable that it belongs to the family Babeslidae." But here is the point: "It is quite possible that yellow fever may not be exactly the same disease in all places where its presence is reported." The explanation is "the supposition that various forms of *paraplasma* exist."

But back of Hahnemann's assertion that each individual is ill in a manner peculiar to himself; back of all the learning of the investigators into the bacteriological etiology of disease, looms the portentous fact that epidemics come and go, even while the conditions and the people change not so far as mortal eye can see. It looks as if the cause lies deeper than bacteriology, as witness meningitis, which, like the wind, comes and goes, and no one knows whence and whither.



ANTIDIPHThERITIC SERUM.—Dr. Goodall (*British Medical Journal*) has not lost his faith in this peculiar remedy, but has come to the conclusion that it has its limits. These limits seem to be indicated by the fact that about 33 per cent. of the patients into whom it is injected contract "serum sickness," which is about as much to be dreaded as the disease itself. The general term, "serum sickness," embraces a number of particulars, among which is the "abnormal reaction." One gentleman collected the details of 30 cases of this nature and found that 16 of them died from the reaction. Really this serum seems to be developing into something akin to what Frankenstein built. Public opinion has been deftly educated into believing it to be a certain cure by its advertisers and so the practitioners are in trouble and some are looking for an antidote to it. "The Council" is very severe on certain advertisers of proprietary drugs and, figuratively speaking, calls on its gods to send fire down and utterly destroy them, but all of them combined do not give the honest practitioner the trouble that the proprietary serums do. Ought not "The Council" to give this matter its prayerful consideration?

AN INCIDENT.—This came to us from a salesman, "on the road," who had no thought of its being printed. He had sold an allopath a copy of "Pierce" and some other homœopathic books. The buyer said, in effect: "We've got to come to it. I believe in ten years all the barriers will be broken down," meaning that they had to take up Homœopathy to hold their own. Now when one thinks of a homœopath (if such there be) who out-Herods the allopathic Herod at his own game one cannot help thinking that he (provided there be such) is, even from a purely selfish point of view, falling into a great error.

HOW ABOUT IT?—Editor Rana Narain Mathur, who guides our esteemed exchange, *Practical Medicine*, of Delhi, India, of "regular" proclivities, laments that medical periodicals "are seen lying on the office table with the covers intact and later still unread they are consigned to the waste-paper basket. Why all this indifference? we ask. Is this the fault of doctors or of the journals to which they subscribe?" Aye, there's the rub! Whose fault is it?

NOTHING NEW UNDER THE SUN.—Some months ago the RE-CORDER printed two opinions on purging, one from Hering and one from a doctor who is still living. Now hear what our old friend, Montaigne of the 16th century, wrote:

"And to say the truth, of all this diversity and confusion of prescriptions, what other end and effect is there after all but to purge the belly? which a thousand ordinary simples will do as well; and I do not know whether such evacuations be so much to our advantage as they pretend, and whether nature does not require a residence of her excrements to a certain proportion, as does wine of its lees to keep it alive: you often see healthy men fall into vomiting and fluxes of the belly by some extrinsic accident, and make a great evacuation of excrements, without any preceding need, or any following benefit, but rather with hurt to their constitution. 'Tis from the great Plato, that I have lately learned, that of three sorts of motions which are natural to us, purging is the worst, and that no man unless he be a fool, ought to take anything to that purpose but in the extremest necessity. Men disturb and irritate the disease by contrary oppositions; it must be the way of living that must gently dissolve, and bring it to its end. The violent griping and contest between the drug and the disease are ever to our loss, since the contest is fought within ourselves, and that the drug is an assistant not to be trusted, being in its own nature an enemy to our health."—*Montaigne's Essays. On the Resemblance of Children to Their Fathers.*

WHAT IS THE REMEDY?—In the February number of *J. A. I. H.* the discussion of Dr. Bernstein's paper on Cutaneous Therapy brought out from some physician who is simply termed "Dr. ———" the following. The unknown said: "I have in mind a patient more than forty years of age who was vaccinated and immediately following that there came out what is called an eczema, and to-day this condition covers the whole body, and has, more or less, all her life," *i. e.*, about forty years. The discussion of this case covers two pages of the *Journal*, and various remedies were suggested. In this discussion no mention was made of Burnett's rather striking little monograph, *Vaccinosis*. This book is devoted to the many unrecognized ills following

vaccination, and the remedy *par excellence*, according to Burnett, is *Thuja*. He usually prescribed it in the 30th. One case like "Dr. ———'s" had lasted forty years and was cured. If this meets the unknown's eye perhaps *Thuja* may be worth considering. Burnett knew some things.

— THAT FLY!—One of our estimable contemporaries prints some figures concerning the fly that are startling. For instance, we are informed that "one fly has in a season 5,184,663,552,000,000,000 descendants"—the gentle compositor will carefully compare and see that he gets this straight. Also that 75,000 babies die every year in the United States from flies. Also that the people spend "over twenty billion dollars yearly for fly screens and other means of protection against the insect." Think of that, will you! It would build forty Panama canals. The business of the Standard Oil, the U. S. Steel Corporation and the "Beef Trust," all combined, sink into insignificance when compared to the business of making fly screens. How much each family must spend you can figure out for yourself. When we consider the number of descendants one fly has the mind is simply stunned, though at the same time, "as through a glass darkly," it dimly sees why the wits so often throw the gaff into some medical science, and ask, "Of what avail to 'swat the fly?'"

STRAWS.—There is a hot fight in Oregon on the ever-burning vaccination question. Not to go into details it may be stated that certain ones wanted "homœopathic vaccination" for their children, and quoted the Iowa courts' decision and what was done by the homœopathic physicians of that state. Back comes the assertion from the state health officer of Oregon, Dr. Calvin S. White, who asserts that "there is not now and never has been such a thing as homœopathic vaccination." In this controversy Dr. J. F. Beaumont, president of the Homœopathic Association of Oregon, was interviewed. He endorsed the old vaccination, and, also, antitoxins, serums and bacterins, and everything that scientific physicians have discovered to be of use in the treatment of disease; also said that all homœopathic physicians, save a small minority, believed in keeping up in the forefront of scientific medicine. That is one straw. The other is the fact that in the past two weeks we had calls or letters from six "regular"

doctors who wanted some information concerning the books, medicines, etc., of Homœopathy. These men were not old-timers, but more or less recent graduates from medical institutions against which even the mighty Flexner dared not raise his heel. They were trained in scientific medicine but were taking up with Homœopathy because they said they wanted to cure disease. The homœopaths who are heading for the camp where zoological remedies are at present the fashion would be surprised if they realized how many men medically born in that camp are quietly reaching out for straight, old time Homœopathy with its *Aconite*, *Belladonna* and *Bryonia* practice, and not in the tinctures only. Well, so goes this jolly old world. To-day we are here, to-morrow there—and generally wish we weren't.

INCONSISTENT.—True science faces or follows facts, and it ceases to be true to itself when it tries to smother them. No man of science will dispute this proposition. One of our contemporaries quotes from the Government returns in *Public Health Reports* figures which show that in one week there were 2,465 cases of small-pox in the registration area of the United States, and ten deaths from that disease in the same period. On this the editor comments: "Before vaccination over 50 per cent. died—and yet some folk object to preventive measures." Now the *fact* in this matter presents a dilemma: If all these cases were vaccinated the operation does not prevent small-pox; if they were all unvaccinated the operation had nothing to do with the mildness of the disease; if the cases were divided nearly equally, the operation has no special effect either way. The editor also quotes another fact from the same official source. At Palermo, Italy, for two weeks there were reported 238 cases of small-pox and 109 deaths in the same period from that disease. Italy, like Germany, has a rigidly enforced vaccination law. The foregoing figures are official. What deduction can science draw from them?

WHAT —L?—The University of Maine, we are told, no longer requires Latin or the A. B. degree as essentials of admission for learning that which the university has to teach. A step backward! Do not our great medical universities now require A, B, C, X, Y, Z, and a bunch of other things before one can learn

from them how to bring a baby into the world, set a broken bone or prescribe for Johnny's stomachache? Go to, University of Maine! You are *not* in the forefront of the Grand March. Probably the next generation will require Arabic and Sanscrit in addition to Greek and Latin, and why not? They are still older languages.

TREATMENT OF PNEUMONIA.—"A great deal that has been written about the treatment of pneumonia is sheer nonsense, and the practical physician will do well to avoid the various fads and fancies that are constantly being exploited in connection with this disease. There are, however, certain therapeutic procedures of well-established value, and the physician can apply these with the confident expectation of accomplishing all that can be accomplished in a therapeutic way. Briefly stated, these measures are,—rest in bed, an easily assimilated diet, a free supply of fresh air, the homœopathic remedy. \* \* \* The indicated homœopathic remedy, as far as the medicinal treatment of pneumonia is concerned, so far surpasses in its results all other forms of medication in the treatment of this disease that no other medicinal treatment need be seriously considered."—*G. Harlan Wells, M. D., editorial, Hahnemannian Monthly, Feb., 1912.*

A NEW PHASE OF ANTITYPHOID VACCINATION.—It seems to us that our allopathic medical friends are too prone to look to present effects and forget that there is a future with possible after-claps. These are recognized and wholesomely dreaded in the matter of diphtheria antitoxin, with its anaphylaxis, and now the first ripple of the possibility of such things in antityphoid measures has disturbed the placid bosom of the waters. The *Journal A. M. A.*, February 10, editorially mentions that experiments conducted on the students of the Kansas University prove that the effects of the vaccine were found present over a year after the protective operation. The *Journal* hints of no danger, but says that physicians using the agglutination test should be careful to ascertain whether the one examined had received the typhoid inoculation within two or three years. It seems that a departure from the normal follows every immunizing operation. Whether it is a good thing for the people's health is the question that, alas! time only can settle.



WOOD ALCOHOL.—The Department of Health of New York has prohibited the use of methyl, or wood, alcohol in the preparation of any food or drink, or in any medicinal preparation for internal or external use. This is a wise measure that all health authorities should adopt, for this alcohol is dangerous even when applied to the skin, as in hair tonics, lotions, etc. The Austrian Board of Health has also issued a similar order, moved thereto by the fact that "more than sixty lives" were lost in a Berlin asylum by the use of this kind of alcohol. It is also said that some of the bad effects of Salvarsan were due to the fact that the doctors used it as a solvent. The world is raging at the "higher cost of living," but if cheapness can be attained only by the use of such cheapeners as wood alcohol, it is better to let higher prices prevail, for, in this instance at least, they are cheaper.

AFTER EFFECTS OF TYPHOID INOCULATION.—The following was clipped from an English journal, not medical, that was sent us. Let it tell its own story: "Here is a fact bearing on the stupidity and uselessness of the serum treatment for typhoid. One of my two sons is a soldier. On going abroad to India some five years ago as one of a draft of twenty-eight men, he was the only one of the twenty-eight who had the pluck to refuse inoculation. Out of the twenty-eight six subsequently died of typhoid, and one nearly died of the inoculation itself. In his regiment the inoculated died quite as impartially as the others." The believers in typhoid vaccination may reply to this that the "technique has been improved." Very likely, but, in all seriousness, have these gentlemen ever considered the metaphysical proposition of "Satan casting out Satan?" In other words, if a regiment of men who have been vaccinated against typhoid can safely drink polluted water—a doubtful proposition, but granted for the sake of the argument—why can they do so? One of the rigid laws of science is that of action and reaction. If the action of this vaccine prevents typhoid when the conditions are present, what is the reaction, *alias*, penalty?

CONSERVATISM VS. THE PRESENT.—All of us—the RECORDER included—sometimes cast virtuous brick-bats at the old fellows who scorned Harvey and his discovery of the circulation of the

blood, and who also scorned many other medical martyrs. The old fellows were in error to be sure, in particular instances, but when we go through "the year" in the summaries of 1911 and realize what an immense mass of heterogenous medical pottage is swallowed without a question—and knowing that the man who questions its nutritiousness is now apt to be stoned—one wonders whether we have not gone to the opposite extreme. To-day, apparently, all a man has to do is to use many, many-syllabled words and bacteriological jargon in a paper, which no one whose diploma has its ink well dried understands, and we all swallow it and look solemnly at each other as if defying any one to say we had not assimilated the stuff and been greatly nourished by it. It is a great world, Claude!

"606" OR SALVARSAN.—Dr. Franklin E. Cutler, of Cleveland, has been investigating this drug and reports in *Cleveland Medical Journal*, December, 1911. One conclusion is that "Salvarsan is not a cure for lues as it is used at present." Another, "to consider '606' by itself as a cure for syphilis is erroneous and will be gravely detrimental to both patient and physician." What led up to the article was a patient who consulted Dr. Cutler for some throat trouble, and was told that it was syphilitic, to which the patient replied that the diagnosis was wrong, because he had received two injections of Salvarsan with "a guarantee for ten years." "The public have clamored for it—and they have been getting it," in the neck, as it were. It seems to be, in one sense, akin to typhoid vaccination—if there is nothing organically wrong you can stand it. How are the stories of marvelous cures to be accounted for? Sufficient time has not yet elapsed to satisfactorily answer that question.

PRACTICAL EXPERIENCE WITH LEPROSY.—Dr. J. E. Engstad, of Grand Forks, N. D., with considerable nerve (when the state of the professional and public mind is taken into consideration) gives a "History of Eight Cases of Leprosy Occurring in my Practice." (*Am. Jour. Derm.*, Feb.) The first was a man, a janitor in a bank, who presented himself in 1886. He was found to be a leper. Nothing was said of the fact and the man continued to live with his family, a wife and eight children, though

in a separate room, and continued his occupation for ten years, until the disease invaded his eyes and he was compelled to give up work. He died a few years later. No one contracted the disease in the town then or afterwards.

The next case was sent to the Grand Forks County Hospital, which seems to be an almshouse. The newcomer sat down to dinner the first day, and the other inmates asked him what disease brought him there; he cheerfully told them, at which the whole crowd rushed from the room, some jumping through the windows. The authorities were compelled to put up a separate building for him. None would go anywhere near him. In fact, his presence, says Dr. Engstad, was a good financial investment for the county, because it reduced the inmates one-half, most of whom, it seems, took this means of living at the public expense.

It is needless to follow the other cases. Where the disease was known there was panic. Where it was not known no one suffered. The doctor holds with Hanson, of Bergen, that "of all diseases, contagious or mildly infectious, leprosy is the least infectious of them all," not nearly so much so as tuberculosis.

Montaigne said that his greatest dread was fear. His dread was that some day the real thing would attack him as it did the syphilitic, cancerous, scrofulous and tuberculous human wrecks at the Grand Forks Hospital, whose own afflictions were really more deadly than that from which they fled, but that fact did not keep horrible fear from them. Fear, the thing Montaigne dreaded might possess him, is in itself a frightful disease, deep-seated and growing among the civilized nations, as they hearken to the sensational medical alarmists as children once did to ghost stories until they were afraid to go to bed. The old philosopher was justified in his dread of fear.

SEEKING A MONOPOLY.—"Whilst our Governor and the Legislature of California are trying to free us from trust rule, they will surely not allow themselves to be deceived by the most dangerous one of all, who are getting laws passed to enable them to round up the people like cattle or sheep, and dictate what they must do, or be fined or imprisoned, or both. The microbe mania has come from Berlin, and infected the A. M. A. or its leaders, till they are rampant for place and power and play the microbe

game so realistic that they almost 'deceive the very elect.' Let them play, but let them win their bread in private practice according to their merits as other doctors are doing."—*Dr. O. S. Laws, in California Eclectic Medical Journal.*

THE USE OF SILVER IN THE EYES OF BABES.—The use of some form of silver has become very prevalent, some going so far as to say it verges on valid cause for prosecution for those who do not use it. But now comes Theobald (Johns Hopkins) protesting against the indiscriminate use of the organic compounds of silver which, among other things, are responsible, he says, for many cases of conjunctival argyria. Dr. A. H. Baker, Brooklyn, Ia. (*Ia. Hom. J.*, Dec.), said he had long ago stopped the use of argent. nitrate for this reason, and now uses *Succus calendulæ* and boracic acid, which is quite as effective, he thinks, and has no bad effects.

ANOTHER SOURCE OF INFECTION.—The *Lancet* editorially calls attention to the bacteriological danger from licking stamps and "thinks it is time that human ingenuity found a convenient way of sealing a paper cover or of attaching a stamp which shall not require the aid of the saliva." Bacteriologically speaking, there is danger in licking a postage stamp, or the flap of an envelope, but, when we consider the indefinitely greater dangers, bacteriologically speaking, that surround us every second, one wonders why learned men make such an ado over licking a postage stamp or drinking from a public glass tumbler, or minor dangers like that, when we are ever in the presence of far greater dangers, bacteriologically speaking, every moment of our lives. Day and night we breathe air surcharged with malignant bacteria, especially if it is a windy day; so why, one wonders, make a point of getting scared at licking an occasional postage stamp? Daily we use knives, forks and spoons that have greater opportunity to swarm with bacteria than the postage stamp, so why not scare at them, to say nothing of thousands of other bacteriological dangers that encompass us? Sometimes it seems to us that the useful and little understood science of bacteriology is more oppressed by those who rattle its "thunder box" than by scoffers.

STILL TRUE TO THEIR PRINCIPLES.—The *Medical Century* for December contains a report of the November meeting of the

"Regular Homœopathic Medical Society" of Chicago. From that we clip the following:

"The next item on the program was 'Reminiscences of Pioneer Homœopathy,' by Dr. Cowperthwaite. The speaker was introduced as having for nearly a year been a student in Dr. Constantine Hering's office, and having attended college when Hering, Lippe, Guernsey and Raue were in the faculty, and hence being one of the few living men who could give reminiscences of these great homœopaths."

Now the "point" is this, namely, that Dr. Cowperthwaite wrote a *materia medica* that is now in its tenth edition. The author was a disciple of the men who taught Homœopathy pure and simple, and his book is imbued with their teachings. Nine editions of this book have been sold and the tenth is selling like its predecessors. Hence we may draw the conclusion that the average homœopathic physician has not departed greatly from the true principles, notwithstanding much of what we read to the contrary.

THE ADVENTURE OF A THERMOMETER.—The story is told by Dr. S. H. Haerston, of Meridian, Miss., in *Jour. A. M. A.*, Dec. 2. A nurse was taking the temperature of a patient with malaria. He dropped asleep with the thermometer in his mouth and swallowed it. The nurse was scared and said nothing of the occurrence. Thirty-six hours later the thermometer passed out of the patient uninjured, registering 104 F.

ANOTHER SALVARSAN CASE.—It is reported in the *Jour. A. M. A.*, Dec. 2, in Paris letter. The patient, a young man aged 19, "having an indurated chancre of the frenum, a month old, accompanied by a double indolent, inguinal adenopathy. This patient who was free from all visible lesions received an intravenous injection of 0.06 gm. of Salvarsan." The effects were vigorous, but not fatal; neither, apparently, curative; so a second injection was given and the patient died the next day. He "had succumbed to a hyperacute arsenical intoxication and died of uremia caused by degeneration of the kidneys." A fine old gentleman, a doctor, not a homœopath, called on us the other day. Like many of experience he was quite enthusiastic about



the cure of disease, including syphilis. He said: "—— are getting \$300 for Salvarsan treatment. It's as dangerous as a battery—let it alone." Well, there you are! The law of similars really seems to be the only safe thing.

DIET RULES.—Hahnemann wrote, in his early life, "A universal diet, like a universal medicine, is an idle dream." Some physicians have been discussing the merits and demerits of water drinking, in the pages of the *Am. Jour. of Clinical Medicine*; some of them point out the good effects of such a course and others condemn it, so the reader can take his choice. We have personally known those who could not eat onions; had these written for publication the tenor of their communications would have been that onions are highly deleterious as an article of diet, yet such is not the case, as there are those who say that the road to health lies through eating that vegetable. The conclusion seems to be that it is the part of wisdom not to have rigid rules of diet and that what Hahnemann wrote, quoted above, is true. Individualize the patients.

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### NEWS ITEMS.

On his way home from Mexico City where he had been to visit patients, Dr. Charles Gennerich, of New York City, successfully operated for appendicitis on one of the ship's passengers, as we learn from the *Dario de la Marina*, Havana.

Dr. H. B. Dean has removed from Camden to Audubon, N. Y.

Dr. Charles D. Hulbert has removed from Ocala to St. Petersburg, Florida.

Dr. Joseph E. Wright has removed from Westfield, N. J., to 1839 N. 11th St., Philadelphia, taking the practice of the late Dr. Hickey.

Dr. E. R. Ellis, of Detroit, held a reception for his numerous friends on his eightieth birthday, March 3d. Dr. Ellis contributes a paper on the homœopathic treatment of pneumonia to this number of the RECORDER.

## PERSONAL.

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Medicine concerns the grapple of life and death, hence jokes on it are always in bad form to the patient.

The suffragette remarks that women can bare arms better than men.

Claude says he made but one resolution, which he has always kept, *i. e.*, to make no resolutions.

"The epidemic is now under control." How?

If every one enjoyed the story as much as the relator all would be happy.

*Punch's* boatman said his brother was cleaner than he because of being younger.

Whence the "power of money?" Because all want it.

Patients often respond more quickly to treatment than to bills.

Man can take things philosophically easier than he can part with them.

We are all apt to feel a certain secret pity for those who do not believe as we do.

A contemporary of the *Jama* says its cartoons are "driveling, ineffective stuff."

Notably doth "Christian Science" shy off from both Christianity and Science.

If you haven't worn your dress coat for a few years don't be surprised at the fit.

If you want to be a successful story teller, have plenty of money, spend it, and tell stories while doing so.

"A cat scratched her in the pantry." News item.

"It is no disgrace to be bald," sagely said the bald-headed sage, and we quite agree with his sage conclusion.

The editor writes: "It will be watched with interest," and the world, and his readers, at once forgets all about the subject—and so does he.

One of our learned exchanges treats of "polycythemia rubra megalosplenica." Isn't it time for another Paracelsus?

After the trusts have been knocked into smithereens will we have any more nickels in our pockets?

Every one in hearing attends when the ass brays.

Claude tells us he can always judge a man from the depth of his collar and the crease in his trousers.

What would happen if the public were left without advice as to what to read!

There be those who think that landlordism (rents) has more to do with high prices than "the trusts."

You can safely give women the right to vote for few would be of age and those who were wouldn't want to.

# THE HOMŒOPATHIC RECORDER

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## AN ETIOLOGICAL PROBLEM.

The text-books and the professors tell us that the micro-organism, so and so, is the one and only cause of the disease, and that there is no other; that without it the disease is not possible. So firmly is this rooted in medical circles that one who doubts it is looked upon somewhat as a "free thinker" was in the old orthodox days in the church. This reprobation may be justified in both cases, for all that can be *proved* to the contrary, but here comes Robert T. Morris, A. M., M. D., who is Professor in Surgery at the New York Post-Graduate Medical School, with a paper that is put as leader in the March 2 issue of *Jama*, which opens as follows:

"When certain species of animals, like rabbits and lemmings, increase beyond the limit desired by nature in any locality, epidemic diseases suddenly appear and stop this disturbance of natural balance."

From this one may judge that there is a species of what might be termed scientifically super-natural intelligence that rules and corrects abnormalities in nature. Also that there is a cause beyond, within, or above, the micro-organism that sends epidemics. Also, one may infer that as medical science judges man by means of rabbits (see the numerous experiments cited by learned men in books and journals), presumably the same mysterious power that regulates rabbits by epidemics must be the one that does the same with man and sends those epidemics that visit us at times, such as the pneumonic plague of Manchuria, the bubonic plague of India, the small-pox in Japan and the meningitis in our own country. Our learned men, and they *are* learned (some of them), say that a certain micro-organism that they always find to accompany the disease is the only cause. so, logically, they

direct all their energies to "fighting" it, as in "the war against the Great White Plague," for instance; but if there is a power in nature that sends devastating epidemics among rabbits to "establish a natural balance," why not among men for other causes unknown to us? Indeed Dr. Morris says: "In the earlier days of history the human race was subjected to similar epidemics." From this we see that the power once was operative on the human race, and we cannot see why it is not equally operative today—assuming that Dr. Morris is correct in his statements. Indeed he says: "It seems to have been nature's plan to allow the medical profession to take charge of this subject up to a certain point, but there are limitations which we may not be allowed to pass," etc. From all this it seems that the mysterious power termed nature has intelligence enough to recognize doctors, and power enough to go beyond them and take things quite out of their hands at times, sending and withdrawing the "microbes" at will—mysterious will.

Taken altogether this is a very striking, not to say startling, doctrine to emanate from our greatest finishing school and to be published by the organ of the scientific medical men. It is almost subversive of the science so assiduously taught the freshmen and the seniors, that disease is an entity; a created, organized, self-propagating *being*; a tribe of them for each disease just as the ancients believed, and the Chinese today believe, that each disease is fathered by a special race of devils. It is certainly very curious to see two prominent men like Dr. Morris and Sir Henry Butlin (see RECORDER, Jan., p. 1) harking away to a mysterious something back of the orthodox text-book cause of disease. Is there to be a new deal, as it were, in the ruling science in medicine?

Another extremely startling doctrine advanced by Dr. Morris may be seen in the following, quoted from his paper: "Man and domesticated animals carried to the higher stages of development begin shortly to show stigmata of decadence, indicating that nature has been setting her limit. At present there are few individuals among us who do not show some stigmata of decadence." Curious, is it not, that the intense activity showed by the medical profession is but an evidence of decadence, a rushing on to race extinction? That this is believed to be the case is shown by the

following statement by Dr. Morris: "Endemics, like tuberculosis, are controlled to the point where only those individuals who have passed the higher stages of development remain very vulnerable." A gray, pale outlook for those who are madly striving for what they imagine to be "higher civilization!" But even here Dr. Morris automatically clings to the bacilli as the cause, even though he himself has previously pointed out greater causes underlying all the micro-organisms in epidemics and endemics. He plunges into the consideration of the colon bacillus, which he concludes "ranks along with the tubercle bacillus as an agent for preventing over-population and regulating the character of the population, by means of poison, might have been given special attention by Darwin and Malthus, had they been in possession of our present data which open such an interesting new vista." With these words the paper closes. Whatever may be said of the colon bacillus, the larger fact looms up that men, like Morris and Butlin, are finding the simple old doctrine of germs as taught to be very cramping to the medical free thinker, in whose minds the query might arise: If these bacilli are nature's means of regulating the population, of what avail is it to war on them? There seems to be troublous mental times looming up in the future for all men who are not satisfied to rest content in what their college text-books tell them, for these questions will of necessity arise among the thoughtful, who (if Dr. Morris is right) will see the futility of centering the forces of the "war" against disease on the excretions of the diseased: simple sanitation will amply care for these products as it does for other filth. So it follows that the war must be carried on along other lines, though on what lines is a question the wise scientists must decide, if, indeed, there be any, that will avail from the present point of view that higher civilization is but a final move towards the extinction of the civilized. There is only one loop-hole of escape that can be seen from all the foregoing, and that is, that what we term "higher civilization" is not properly named, but is more properly termed Decadence: that in the genuine civilization (if it ever comes) venereal diseases, syringes and various injurious things to prevent the propagation of the human race will be absent, as they are to-day among the "lower class."



**MEDICINE AND SURGERY.**

**By Dr. I. W. Heysinger, M. A., M. D., 1521 Poplar St.,  
Philadelphia, Pa.**

Many years ago when Homœopathy was more virile, I fear, or at least more aggressive than it is to-day, Alexander Dumas, in his pathetic story of "The Conscript," describes an old man stricken down with apoplexy, of whom he says: "Dr. Lacrosse fortunately arrived in time to bleed the old man. Bleeding at that day, 1813, when Homœopathy was not invented, presented itself as the only remedy against apoplexy."

The burden of this brief paper is to endeavor to emphasize the fact that if Homœopathy is able to displace surgery in so grave a condition as that of cerebral apoplexy, much more have we a right to expect, and a scientific basis to demonstrate, that still more powerfully can it aid surgery when surgical interference is necessary.

My purpose, in other words, is to present in some way the apparent divergence in many of our hospitals and in some of our medical colleges between the kindred lines and fields of medicine and surgery, and to thus, as a matter of fact, make these institutions, at least many of them, preponderatingly surgical institutions, and to show that by these courses the profession in general, and especially the younger members of the profession, have been induced to disregard, in a more or less degree, drug treatment in its higher and finer aspects, and displace and disclaim the spheres of Homœopathy here by a fiction instead of leaving it where Hahnemann left it, and his clouds of followers proved it in those days, who left unerring and eternal guide-boards for the future advancement of their great law of cure.

When any party, political, religious, scientific, or professional, begins to lay its stress on the "plain and practical" side issues around it, even though a part of it, one sees at once that by thus hunting for cover these either lack the heart, the experience or the material for a fair and square stand-up fight.

When any of our medical colleges, which are professedly the manufacturers of homœopathic physicians, thus surrenders to surgery at the expense of materia medica and medicine it is evidence of this weakness; and it is noticeable that this defection, of

slow growth though it has been, has not extended to the old school colleges, which still keep their flag flying for medicine, and all that the word to them signifies, leaving surgery to occupy its appropriate and subordinate place as one of the various arts which medicine calls in to its aid when needed.

When the fountain of any great supply system has been disorganized, broken, choked up or abandoned, and the supplies are derived only from surface streams along the lower ground, we must expect confidence in the whole visible source of supply to be impaired, and that the appropriations by the public to maintain the springs themselves in their purity will gradually decrease also.

In other words, such institutions are electioneering for a fall.

Unless Homœopathy is taught in our medical colleges and universally supported by its normal adherents, the public cannot be expected to join in and support a cause which its own professors have practically deserted. And if operative surgery, as brilliant as a cavalry charge, but just as little true war, is to take the place of the infantry and artillery of the real battle lines, then it is either because the spectacular is preferred from lack of faith in the battle lines, or else that the battle lines themselves have turned tail and gone trooping away.

There is room in Homœopathy for all sorts of beliefs, but there is no room for disbelief or failure to practice Homœopathy while still claiming to speak for it.

Better an open enemy than a faithless friend. There are two kinds of surgeons: one of these kinds is composed of men who were first physicians and still are physicians, practicing physicians, and good physicians, who have added their medicine onto surgery and their surgery onto medicine; and the other kind who have ceased to be physicians, from choice or incapacity, and have substituted surgery for medicine as more brilliant, more spectacular and more profitable.

There is some excuse for an old school surgeon of the latter class, for these have none of those finer medicines which reach down to the springs of physiology, and pathology, and disease. But I am sure that if a homœopathic surgeon, equal in ability, skill and experience to an old school surgeon pitted against him, but who, in addition to what the old school surgeon uses, should

employ the whole armamentarium of homœopathic therapeutics in preparatory, coincident or subsequent treatment, he would beat his old school brother in results quite out of sight. I know that this is so, for I have seen it tried. It seems to me that right here there is an opportunity to get those magnificent proofs of homœopathic success which once startled the world nearly a century ago, but which have apparently died out to-day.

There is no artificial selection of cases here in surgery; surgical classes stand on the same four feet, each and each. And the results could not, in a large experience, be gainsaid or questioned.

I do not refer particularly to recent traumatic cases; those fresh breaks which are to be patched up at once, but those concomitants, residua, or morbid agencies which precede, accompany and persist after surgical operations.

There is a case of perverted trophism, or neoplasm, or malignant degeneration, or structural degeneration; here are tumors apt to recur, degeneracy apt to continue, disease which has perhaps provided the surgeon with his material, but which is not exhausted with the operation. Here are sepsis, static pneumonias, heart break-downs, anæmias, liver perversions, pancreatic poisons, brain lesions and habits, all sorts of detritus, and beyond this even all that which produced the detritus, lying before us, and of which surgery merely is the wrecking car which removes the fragments of the wreck, but which accident calls for a reinspection, and often a reconstruction of the whole line.

What would be thought of the policy of a railroad company which confined its energy and brains to a mere removing of wrecks along the road. Such a school of railroad practice could not long survive. In fact, that was why the war of the Rebellion ended as it did, or at all events, at the time it did. The southern railroads had no material to repair with; they gradually wore out, and a few miles of track here were pulled up to replace worn-out rails there, but there was no system of general repair possible, so the cars tumbled off the rails, and the surgeons put them back and went off waiting for the next wreck; the locomotives went squeaking and leaking along till they ran adrift, the running time came down to 10 or 12 miles an hour, or even 6, the loads capable of being carried fell off seventy per cent., the

armies in the field were starving, while down in Alabama and Georgia and Mississippi were rations enough for millions of men for years, piled up and rotting.

They had plenty of surgery, but no therapeutics.

Objective treatment deals with the living object which lies before us, the body as a machine, while subjective treatment deals with the immaterial entity, the motive power which has produced the living object, and carries along the operations of the living machine, which in its physical presentation presents the morbid changes falsely called pathological, but which are no more true pathology than are the lava beds and their stunted vegetation, seismology; or the debris from a tornado meteorology.

This radical mis-nomenclature, like those idolons of form, against which Sir Francis Bacon so passionately warned us, has brought with it its inevitable results here, the word constituting its own explanation, when it merely states a problem to be solved, and the whole science of reparative medicine has thereby become obscured and degraded until what cannot be seen is held not to exist. But a single moment's consideration will show us that we have been put into a cul-de-sac of our own blind inductions, from falsely conceiving a set of phenomena which must first be looked upon as meaningless before we can establish our hypotheses, which, without this, all would recognize at once as senseless. When a man has had a leg amputated does he thereby become but three-quarters of a man? When one is mean, cowardly, narrow-minded, weak-willed and deceiving, we say of him that he is *no man*, even though he have the frame and physical force of a Hercules.

No man respects, honors and admires the truly skilled surgeon more than I do; the quick and ever-ready hand, the prescient eye which pierces beneath the opaque integuments with almost unerring intelligence, the skill which knows precisely when and where and how to act, and with precisely the power required and no more; the conservative sense which saves the last fraction of what may be useful, but dares not risk a precious human life to try to save a fraction more; the skill to generalize and conclude and diagnosticate, the practiced knowledge to operate, the coordinated eye and mind, and hand and will, the rare combination of elements which seems almost God-like, these are the surgeon's

great equipment with which he goes forth to conquer, and great surgeons are born, not made; but we must render unto Cæsar the things that are Cæsar's, and unto God the things that are God's.

A great surgeon is indeed like a great military chieftain, an Alexander, a Hannibal, a Cæsar, a Frederick; they are to be cherished and honored as chosen ones of our race to whom art has added her whole panoply to the magnificent dower of nature, and their names are to be spoken with honor and handed down with veneration; they stand, in their own sphere, first and unapproachable in their help to man, in what they can do in terrific emergencies when all others fall back helpless and appalled, or, when the great dynamic agencies of nature have in storm and catastrophe banked up the debris of perverted action, and choked the channels of life and health with their products of degeneration and destruction, who come to repair broken frames and restore interrupted faculties, who are the housekeepers and overseers of this temple not built with hands, and our protectors and restorers against the malific accidents of life, and God's appointed ministers for crushed, broken and overloaded man; but their field is not that of the physician, nor are their methods and their researches. The skilled miner, though he bring to mankind boundless wealth and prosperity, is not yet thereby fitted to expound the eternal principles of geology and paleontology and of the development of organic nature. These belong to another realm entirely, where other means and methods must be employed, and to endeavor to apply those static physical principles here would only lead to disorder and empiricism.

Just so, the great commander's functions end with the war and the defeat and pursuit of the enemy; with the great principles of reconstruction, the great agencies of recreative and restorative administration he has no part; these belong to the student, the statesman, the cabinet. Here we need physicians, not surgeons; or, haply, both in one. For behind phenomena are causes and principles, and these causes and principles are not to be found in the phenomena, but only in the sources and bridgings over of a series, the only essentials of which are in these very sources and bridgings, which are all unseen, and not only all-powerful, but the only power there is at all. As Pope says:



"Worth makes the man, and want of it the fellow,  
And all the rest is leather and prunella!"

So objective treatment belongs to the leg surgeon, the belly surgeon, the ear surgeon, the eye surgeon, the brain surgeon, and all the other ilk of surgeons who often pose, but do not practice, as physicians; who do not claim to be healers or emissaries of nature, or of science, or of God. They are truly indeed but the surveyors of a tunnel, the engineers of an excavation or an embankment, the contractors, the carters, the stone breakers, the navvies, but the physician—in this aspect of the case—never!

The immortal Stokley said: "Beer and music won't mix." But which is it that won't mix?

What the physician deals with is music; the music of the harmonies of God, the broken chords, the mutilated rhythm which proclaim that the immortal player is producing false notes; the music of the spheres, the vitalizing, energizing, producing, sustaining and restoring and replacing mystery which makes a man. A man? Is there such a thing? Outside of continuing spirit, certainly not; for, as regards his physical, no river, no cloud, no storm, no cataract, no tidal wave, no volcanic upburst, ever changed and disappeared forever with the lightning-like rapidity of everything contained within the integument of a man. If there are 800 millions of air vesicles in the lobes of every lung, if there are more cells in every body than all the sands of all the seashores; then not for one single second does one single cell stand intact as a physical entity. The flux is overwhelming, incessant and extends throughout every granule of every cell, and every particle of every granule. Talk about surgery! talk about taking out a diseased human stomach and putting in a calf's healthy stomach instead! Nature, life, spirit, the great inworker, as George F. Romanes called it, the Great Integrating principle of the Universe, is doing a thousand times more than this in a hundred thousand billion places, in an infinite series of operations, in every baby born into the world, and not only doing the material work (with which the surgeon begins and ends), but the subsequent repair work, which the surgeon turns over to nature, to do for him, saying "the operation is completed."

Then nature rolls up her sleeves and, looking after the departing surgeon, says: "Well, you've left matters in a most deplor-

able state; heaven sends the food and the devil the cooks; but I'll try and see what I can do with all this miserable mess. Would that I only had a good doctor here to help me with those splendid agencies which our common and most beneficent Master has so long ago provided so plentifully, and which are so accessible to man, for experiment and use, and which even the lower animals, by instinct alone, are able to properly select and apply to their own injuries and ailments! But this surgeon has left me nothing and goes off grinning, saying 'the operation is concluded; all the man has to do now is to get well!' To get well? Yes, for me to buckle to and get him well, without appliances, without recognition, without thanks, without remedies and without help."

It has come to be a sort of cry of those who boast infidelity to the curative power of drugs to cite those old sayings that drugs have killed more than wars, and all that. A moment's reflection will show that this is not true, and those acquainted with the *materia medica* and therapeutics of ages ago know that this is not so. But few of our modern dangerous drugs were then known, and what were known were quite as well understood as they now are. Leaving out mercury perhaps, which only had a dangerous vogue for a short period in the comparatively recent history of medicine, and which even then has had its "dead-lines" greatly exaggerated, the old prescriptions were mostly composed of non-poisonous vegetables, and animal extracts, such as baked horse testicles, distilled or decocted vipers, toads, lizards, dog's grease and certain precious stones pulverized. In the mere facts that, in those old days, the opium habit was not referred to as a common vice, and that nearly all our powerful chemical compounds of today were totally unknown, we can see that the wholesale murder of those days, whatever there may have been of it, and there was much, was not due to poisonous drugs used as medicines, but used as strict surgical appliances, which is the case to a large extent today.

The death-dealers were bleeding and crude, massive, continuous purging, and the third of that appalling triad was setons and blistering.

Not one of these belongs to dynamic medicine at all, and forms no part whatever of reputable medical practice, and this

leaves us free to consider the true field of medicine as it actually is, and as it is destined to be known far more widely still in the future. As our conceptions of nature widen, our knowledge of the intimate interdependence of all parts of nature increases, and we find that not only is man a microcosm, but that he is an indissoluble part of a macrocosm as wide as the universe.

The coal you burn is a gift from the sun acting on vegetation which passed millions and millions of years ago; the air you breathe is the gift of interstellar space; the electricity you generate is a mere ripple from the great ethereal ocean of the universe; and your bodies are only the pickings-up of a great selector, collector, organizer and developer, who has used the minerals and earths and vegetables and water and gases all around you to build you up and make you what you ought to be. Shall He, who made us, and has set us amongst all this plentifulness, with eyes to see, with tongues to taste, and with minds to reason, and hands to experiment, not given us power and intellect to use these great agencies? Do we still live in a world in which, not God but crude material empiricism tells us that we shall employ none of all these agencies, not because they are good or too good, in fact, but because they are useless?

The very fact that such vast numbers of physiologically active vegetable and chemical compounds exist on the earth is, to an unbiased mind, strong presumptive evidence that they are of some use. Now we are not justified in assuming that these powerful juices, and crystals, and deposits, and other substances are necessary for only the bodies which produce them; because, in the first place, our own bodies have very few such widely distributed substances, and as man is concededly the highest animal organism there is no apparent reason why other and lower animals should for their own use alone be so supplied, as they are, with quite different chemicals, drugs if you will. And the same is true of vegetables; for there are so many forms of vegetation which have no apparently active drug effects on the human body, however extracted, that unless these agencies have been specifically provided, immense in number for an immense variety of uses, there is no apparent reason why such an enormous diversity, so universally prevalent, should exist. And *a priori* is this true when we find, as we do, that the drugs indigenous to a

country or climate are those most applicable to the diseases of that country and climate. And still more is it the case when we find that the lower animals (which have not been spoiled by closet theories and the generalizations of scientific ignorance) resort to drugs, such as medicinal grasses, berries, roots, plants and the like, when ill, and express great distress when debarred from access thereto, and often die in consequence.

Skeptics have said to me that they didn't believe that a drug could ever cure a sick man. Now I have said to such, do you also believe that a drug taken internally will produce no effects whatever in any case? "Oh, no," they say, "they will produce poisonous effects;" and, when pushed a little further, these persons agree that by poisonous effects they mean merely certain exaggerated or perverted effects which manifest themselves in the living organism. Now, I say, suppose that those particular effects were precisely the effects you were hoping for and looking for, and the drug were administered and produced these effects, wouldn't the drug have produced good effects; that is, wouldn't the patient who was aforesaid sick now become better and so become well? "No," they will tell you, "the disease is self-limiting!" the disease limits itself; the gentleman lifts himself over the fence by his boot straps; the man who tumbles out of the hay mow has a fall that is self-limiting. When a man starts on the road to death what stops him? When a watch starts on the road to stopping does anything change it on that road till it stops?

Diseases are not self-limiting; diseases produce new drugs in the system, virulent, vindictive, destructive, lethal drugs which we can take out, can isolate, can see and feel, and taste, and measure, and poison ourselves with, and these drugs kill the dynamic poisons, turn back the tide of receding life, destroy by aggression and conflict the armed forces of death, and out of the bitter cometh sweet, and out of the strong cometh forth safety.

Oh, yes, they say, but these are organic poisons. So, I say, are vegetable and animal and mineral extracts, and preparations. Who shall measure the sweet influences of the Pleiades? said the Almighty to Job; those who could not were like Job, who sat in the ashes and had boils.

But, they say, these are vitalized secretions. Yes, and so are all the drugs in a well-appointed drug store from cantharides to *lignum vitæ*. What they are driving at, but know better than to directly say, is that these antitoxins are living germs, and "fights mit Sigel" like the Dutch volunteers in Missouri. But they are not, for the serum is drawn, when run down from horse to horse or calf to calf, to a proper attenuation or potentization, and, after being so drawn off, is sterilized by boiling, and, as if that were not enough, by treatment with carbolic acid. Without this it will kill like a stroke of lightning.

Then the idea that a physician who has practiced with patients for many years, who has counted his pneumonias, and fevers, and other diseases by thousands and tens of thousands, does not know when a dose of drugs is just about to precisely hit that particular coincidence of time when his own sense and experience must have told him (if he is a man fit to feed slop to pigs) was just when the man would naturally roll over anyhow and begin to jaw at his wife, drug or no drug, gives away so much of the case that one hearing this is apt to turn upon the medical critic and ask, "If this is all true, what good, in God's name, are you, who must know so much less?"

The case of this coincidence is precisely that of the skilled obstetrician, who has had thousands of confinements, and who should tell some of these self-sufficient critics, "I had to use the forceps to deliver her," and should be answered, "Oh, no! confinements are self-limiting and what you did was to stick in those instruments of superstition and ignorance just at the precise moment when the head was about to emerge of itself and say, 'Good morning.'"

Speaking for myself, and recording what I have been able to learn from personal knowledge and experience, from thousands of tests most carefully made and observed, from all I have been able to discover from experiments conducted by others, and of the results secured by others, considering, in fact, the whole field as being one which demands the very highest powers of the mind to investigate, and the broadest experiences and generalizations by which to disprove or confirm results, I have never had so dominating a judgment of the power of drugs to control diseases as I have today; I have never had so much confidence in the



therapeutic value of drug action, and of its absolute indispensableness as the great dominating and controlling factor in the practice of the physician from this day on.

I exclude nothing in the way of sanitation, prophylaxis, hygiene, change of environment, nursing, education or modes of living. All these are important parts of the field of a doctor's activity; but in spite of all these, however unfavorable these conditions may chance to be in any case, I have more confidence in a few doses of the appropriate medicine, properly administered, than, without this, in any change that can be effected in all these extraneous circumstances whatever. Of course ordinary cleanliness, ordinary care, ordinary nursing and decent sick-food, such as our fathers and mothers had and gave long ago, in the country and city, are necessary, and always have been and always will be provided; but having these, I feel sure that the great strides of the future, in our profession, are to be in the way of drug medication; it will do the work when the work can be done, and, where it cannot be done, it will give God's next greatest blessing, peace and rest, and will help and soothe our hapless friends as they glide along those inevitable paths which, like the paths of glory, "lead but to the grave."

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### CONCERNING HEALTH BOARDS.

In a paper on "The Health Officer," etc. (*N. Y. Inter-State Medical Journal*, Feb.), Dr. Charles Stover, of Amsterdam, N. Y., says: "There is almost nothing within reason that may not be done by a health board, so ample have been the powers entrusted to it by legislators." Also: "The immense labor to be done for the prevention of disease is staggering; we have only reached the fringe of it." In view of the fact that in many States the appropriations to the health department figure as one of the biggest items, this statement that, big as it is, it but touches the fringe, will be equally staggering to the taxpayer, who, with the exception of the small rich minority, has hard work to come to the end of his fiscal year out of debt. As we read Dr. Stover's paper health officials think there ought to be an enormous increase in the amount of money appropriated to enable them to go much beyond the fringe; but when one re-

members what is said about the increased cost of living and how the poor suffer in health and comfort because of it, one can hardly see but that the further increase in the cost of living would really counter-balance the work the health boards might be able to do with the increase. It is easy to say that "this great rich State can afford it," but it is well to remember that the riches are yearly produced by the mass on whose backs the increase would fall.

It is true that the actual taxes are chiefly paid by the wealthy, but they must collect it from the less wealthy else they would not have the wherewithal to pay. In view of this, would not it be well for health boards to concentrate their energy and means on sanitation and leave the actually sick more to the physicians? Every disease is now counted as contagious or infectious and the health boards feel that these must be under their supervision, so there is no occasion for surprise that they claim to be overworked and need more money. So far, since this new order prevailed, there has been no noticeable diminution in epidemics or their mortality, and therefore it looks as though it would be wise for the boards to leave this end to physicians and confine themselves to their original sphere, which was sanitation *exclusively*.

Following Dr. Stover's paper, in the same journal, is one by Dr. F. Overton on the relation of the health board doctors to those in private practice, and when one reads it whose memory goes back more than a decade he, as it were, awakes with a start to a realization of the changes that have occurred. Writes Dr. Overton: "Suppose the health officer and the family physician disagree upon diagnosis, *treatment* or quarantine. The health officer can act like a bull in a china shop, and can probably carry his point." Just read that quotation over again, get its full import, and you will realize *why* the League of Medical Freedom has so much vitality; also why the A. M. A. has been enabled to obtain the tremendous power it has.

Dr. Overton quite unconsciously shows the caste that has grown up of late years, while few realized the fact, by his questions, "What shall be the attitude of the health officer towards the family physician?" in many contingencies, and, also, "What are our relations to the public?" So far as we can make out the

answer is, to be suave, mild and politic, covering the mailed fist with the velvet glove—for the good of the public, of course—but never relaxing the grip.

Writes Dr. Overton: "Certain legal powers are conferred upon health officers in order that they may protect the health of the public. The laws upon the subject are exceedingly brief and general. The law for epidemics is like the law for war—the end justifies the means. Anything goes in the presence of danger." And there you are! Truly it behooves us to put none but very wise, very honest and very conscientious men in the health office, for that office carries with it unrestrained power, for to whom can the victim (granting there be one) appeal? To no one. This power is of so sudden and modern a growth that few of those who wield it know its full extent, but in such matters men learn quickly, and a man must be virtuous indeed who does not make use of it. "Protecting the public health" is a cry that few men dare oppose, and none do oppose when the need is obvious, but when the need and the means are left unrestrained in the hands of any small body of men there is a very dangerous opening for many undesirable things, for the "germ" has made *all* diseases "contagious."

All this may seem far-fetched and uncalled for by some, but all must admit that the possibilities are there, only requiring the man to develop them. The power has not been abused as yet to any alarming extent, but it is there and it is contrary to the genius of the Anglo-Saxon race, a point, this last, which, also, the health men will do well to carefully consider.

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### HINTS BY DR. THOMAS SIMPSON.

The following hints are gathered from the "Reminiscences" of Dr. Thomas Simpson, of Liverpool, printed in the *British Homœopathic Journal* for March. The first is the case of an old man with "a large fibrous tumor pendulous from the lobe of his ear." A surgeon said it must be cut off, as otherwise it might kill him. It seems that this was not done, but Dr. Arthur Kennedy, who was visiting Simpson at the time, advised the use of an ointment of *Semprevivum tectorum* on the tumor. "After a month's treatment the lump dropped off, to the delight of all concerned."

"Frequently one has his patience sorely tried by lingering confinements. An inestimable hint which I got from Dr. Ludlam has saved me many weary hours of waiting. By giving two grains of *Caulophyllum* ix the contractions are soon revived and labor proceeds apace (if the line be clear)."

"A drug which has helped me in agonizing cases of pleurodynia, aggravated by the slightest movement, is *Ranunculus bulb.* followed by *Sulphur*."

"I had occasion once to consult Dr. David Wilson, of Brook Street, London, in a case of emphysema pre-existing in a patient suddenly seized with acute bronchitis. You are familiar with the group of symptoms so often present in aged people when life seems to be threatened by an œdema of the lung—loud mucous rales, cyanosis, dyspnœa, prostration are present. Urged to secure the advice of Dr. Wilson I wired to him a brief description of her symptoms. He replied, 'Give *Lachesis*, omit all stimulants, patient should recover.' She did so in a short time."

In another case, gastric ulcer, where no food could be retained, where there was sleeplessness, emaciation and extreme prostration, Dr. Drysdale advised *Plumbum acet.* 6, with a diet of skim-milk, which was followed with the result that the patient became ruddy and robust.

(As an "aside" here we may remark that several extreme cases of this ailment have been relieved by pure olive oil. But probably there is no one drug or remedy that will relieve every time.)

Here is a point, not therapeutic, but psychologic; it refers to Dr. John W. Hayward. "He early learned the secret of a successful physician's success in that he became a great persuader, and many people came to trust in him through the unbounded confidence he evinced in the truth of his creed." A physician who goes about with the feeling of superiority that skepticism confers on anyone unfortunate to be a victim of that malady cannot be much of a power. There is not much in a negative. If a man does not believe in Homœopathy that is his right, but if he does believe in it let him not act as if he were half ashamed of the fact.

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Joints swollen. Gouty inflammation of great toe joint. *Rhododendron*.

## A QUESTION IN PROPHYLAXIS.

Editor of the HOMŒOPATHIC RECORDER:

Some time ago a homœopathic physician made a statement that *Belladonna* could not act as a prophylactic against scarlet fever because it produced no blood changes. As a seeker for information, I would like to ask, through these columns, what blood changes will be found in the immunity of scarlet fever?

In a number of blood examinations of those who were in apparent good health and who had acquired immunity through previous attacks I found the blood as it should be in any other normal individual: some had been exposed and were not infected and their blood showed no abnormality. Must the prophylaxis used produce blood changes to be effective? Has not our knowledge of hæmatology to a great extent biased our judgment in the treatment and prophylaxis of diseases? Serum therapy has become a great factor in the modern physician. Armamentarium, too, has become a common ground upon which most of the homœopathic and allopathic schools may meet with the least degree of friction, though each school claims it for its own. As the homœopathy which is inasmuch as it is the introduction, mechanically, of anti-bodies similar to those that are produced in the human system during the course of an infectious disease. Will not *Belladonna*, producing symptoms so similar to scarlet fever, cause a production of anti-bodies we have within the system that may be used against scarlet fever? We have a system reacting *Belladonna*, the anti-body is thrown out similar to those thrown out against scarlet fever; the remedy and disease being, in most cases, an absolute simillimum. Is it necessary to collect anti-bodies from some other source and inject them into the blood stream to produce the prophylaxis?

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R. C. DIENST, M. D.

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N. M. Dewees, Cambridge, Ohio (*Ec. M. Jour.*, April), reports that he has found *Cactus grand.* to be a remarkably efficacious remedy in epilepsy, given in the proportion of a drachm to 4 oz. of water or simple syrup, a teaspoonful every three hours. Other drugs were given, if especially indicated, in connection with the *Cactus*. He reports five cases in which the treatment was very beneficial or actually curative.



## CLINICAL CASES.

By G. Sieffert, M. D., Paris.

Translated for the HOMŒOPATHIC RECORDER.

## A Complicated Case of Influenza.

That in influenza all manner of unexpected complications may arise, and that this sickness with every patient takes a more or less peculiar form, may again be seen from the following case:

A cook, forty years of age, was seized with influenza. The disease showed at first the usual symptoms; *i. e.*, violent fever, depression and a sensation of cold in the limbs. But these symptoms were soon subdued by *Bryonia* 6 and *Eupatorium perf.* 6 in alternation, and the patient thought herself thoroughly recovered, when on the following day considerable difficulties appeared in the digestive canal. These consisted especially of disturbances in digestion with flatulence and eructations. A closer examination showed swelling of the liver and a sensation of hardness, especially on the border of the liver.

Since such disorders arise rather frequently in the course of influenza I comforted the patient, who was somewhat alarmed; I advised her to use lukewarm clysters for her constipation and gave her internally *Nux vomica* 6, four drops twice a day.

By this treatment I soon secured a considerable improvement; in a week the digestive organs were again in normal order, though in the meanwhile there had been a transient jaundice. The patient now hoped to be free of all trouble, when she suddenly complained of suffocative attacks.

I examined her chest, but found nothing suspicious in the lungs; but I found a profound weakness in the action of the heart. That also is a complication which frequently follows influenza. We are lucky enough to possess in our homœopathic treasury a remedy which is able to cure this. So I gave her *Cratægus oxyacantha* 1d, of which I gave her five drops in a tablespoonful of water morning and evening, and thus I was able after two weeks' treatment to remove all these symptoms—at least so I thought. But there was more to come.

Scarcely had the patient regained her strength when she was seized with ear-ache with violent fever, but especially violent

pains. *Belladonna* 6 showed itself useful and the pain was assuaged, when a suppuration of the right ear appeared; thus a furuncle had formed in the external auditory meatus. I at once thought of *Silicca* 6, and in two days later, when the furuncle had discharged itself, the case was fully cured.

### Another Complicated Case of Influenza.

The chambermaid, thirty years of age, who was employed by the same family as the cook mentioned, was also seized by the epidemic. As with the cook, there were first fever, depression and a sensation of cold in the limbs. As the patient had known the case of the cook, without asking my advice, she took the medicine I had prescribed for the cook, and was soon rid of these symptoms.

But on the following day there appeared extremely violent pains, which starting from the right eye-socket extended over the upper eyelid, the upper part of the nose, the right temple down to the chin. This was a pronounced neuralgia of the face. Was this a sequel of the influenza? Probably. But it might also have been ascribed to a cold or carious teeth. As the patient declared that she had not taken cold, I examined her mouth and found that all her teeth were in sound condition. I prescribed one after another without any favorable result *Cimicifuga*, *Belladonna* and *Derris pinnata*. So I finally selected *Chininum arsenicosum* 4d trituration. This latter remedy, owing to its restorative qualities, seemed to me suitable for a neuralgia appearing after influenza, and, in fact, after four days this neuralgia, which was especially characterized by violent itching with buzzing in the ears, photophobia, lachrymations, pain in the upper jaw and periodicity of the attacks, disappeared.

### Some Remarks About Influenza.

In attempting to consider the above-mentioned cases of influenza and to compare them with other similar cases, I nowhere find a constant complex of symptoms. The beginning of the disease is nearly always the same—*i. e.*, fever, dullness of the head, soreness and sensation of cold; but as soon as complications arise considerable deviations from the ordinary course of the disease are noticed. Nor could it be otherwise. Influenza is an epidemic which seizes, so to say, every man it meets. If this para-

site does not find in the organism attacked any spots or organs favorable to its further development it soon vanishes and the influenza remains a mild disease. But if it finds feeble nutrition, a diseased lung, an invalid heart, etc., it uses these places of least resistance and not infrequently inflicts fatal injuries. These are the so-called complications.

In simple influenza we can strictly follow the law of similars. But when there are complications, which are unforeseen, we must give them a systematic treatment, and this of course varies according to the organs seized, though the infectious character of influenza ought ever to be kept in view.

Here the mixers of medicines step in, who claim that with their mixed potions they are able to cover at the same time all the symptoms. I have so often spoken of this practice that it does not seem necessary here to enter upon it at any length. It is possible that a mixture may at some time prove curative. But we have no provings of them, so that we can assert that a mixture is no homœopathic medicine, as it has not been proved on healthy persons, and in using them we are ever in danger of falling into the greatest errors. This should be especially considered in the treatment of influenza, as this insidious disease so often rapidly proves fatal.

### Hypochondria.

A gentleman from Berlin, fifty years of age, came to my office and complained of manifold indefinite ailments which he incorrectly ascribed to a seat in the lower floating rib on the right side. He had on this account had a bandage made for himself. He said that he felt a continual pressure on the upper part of the abdomen, especially on the walls of the stomach, but it was not the ordinary sensation of a girdle. With this he had bad digestion, was inclined to weeping and always in a bad humor.

I at once examined the patient and found his floating rib in a normal position. So I advised him to leave off the bandage, which he at once did. But I found the liver, swollen and hard, projecting under the ribs. On the other side the spleen was enlarged and painful.

I explained to the patient his condition, stating that all his troubles were caused by an incomplete function of the liver and the spleen, and to this also was owing his hypochondria. He

answered me: "A physician in Germany had told me so, but I would not believe him, and since then I have consulted several physicians who never mentioned the liver or the spleen. This probably is the reason why my condition has not improved. I now have full confidence in your diagnosis and would ask you for suitable treatment."

At first I prescribed *Chelidonium majus* 3, two large pellets to be taken morning and evening, in alternation with *Ignatia* 3, two large pellets one hour before dinner and supper. He continued this treatment two weeks, after which the state of the liver was essentially improved, almost fully cured. His ill humor also now only appeared at times. But the spleen had remained painful. So I gave him *Ceanothus Americanus*, four drops of the tincture in a tablespoonful of water morning and evening; also in alternation with *Ignatia* as above.

In a week all his troubles were ended and the patient could journey to Nizza fully cured. He no more mentioned his floating rib and seemed quite cheerful.

### Congestion of the Lungs.

About twenty years ago I treated a young woman for hæmorrhage, which was plainly of a tuberculous nature; a considerable cavern in the tip of the right lung made this indubitable. The hæmorrhage was assuaged and the cavern also healed up by means of *Calcareæ phos.* and *Arsenicum jod.*, given in alternation. Her appetite returned and after being cured the patient became somewhat corpulent.

She has not since then had any ailment until I was called in two weeks ago, and she complained of hoarseness and a dry cough. She was very much alarmed and feared a relapse of her old disease. But an examination of her chest gave no especial result. I comforted the alarmed lady and told her it was merely an acute catarrh of the fauces which the *Belladonna* that I prescribed would quickly cure.

But two days later she called me in again. The dry cough and the tickling in the throat had disappeared. But she had been seized with a chill and was coughing with copious expectoration. No fever; her temperature quite normal. I examined her chest and found posteriorly in the middle of the right lung a considerable rattling of mucus. I at once stopped the *Belladonna* and

prescribed *Bryonia* 6. Next day the inflammatory process had moved somewhat from the middle and extended to the tip of the lung; I again gave *Bryonia* 6. The condition remained pretty much the same for a week, after which it moderated in the top and in the middle, but it had extended to the lower side of the lungs. I applied twelve dry cups and continued the *Bryonia*. In four days all the symptoms had vanished and the disease ended with a violent fluent coryza, which ended next day after my giving her *Dulcamara*. Now everything is normal. Her left lung and the anterior part of the right lung had remained untouched and the bodily temperature had never risen above 38°.

### Chronic Catarrh of the Fauces With Acute Relapses.

I was called in to see a lady forty years of age. She complained of attacks of nervous cough, sometimes intermixed with acute fluent coryza. She had been sick for some time and finally her domestic physician could advise nothing else but going to the southern sea-coast. But for various reasons the patient could not travel. In consequence of unlucky financial conditions she had become extremely nervous.

An examination of the chest yielded no results. But the fauces were in a wretched condition; the parietes of the fauces were violently inflamed and the mucous membrane was severely swollen. Even the vocal cords were affected and there was frequent hoarseness. The patient was also frequently seized of a morning by a sudden fluent coryza with a copious discharge. The posterior parietes of the fauces was filled with numerous granulations.

I first of all prescribed a suitable diet; no cheese, no pork, no sausages, no venison. The patient agreed to this the more willingly, as she had once upon a time been a vegetarian. In the morning and evening she applied sulphurous mineral water with the atomizer on the walls of her fauces.

For internal treatment I gave her:

*First Week:* In the morning and evening two drops of tincture of *Iodine* in water; an hour before dinner and supper, two drops of *Ignatia* 3 in water. After this first week the attacks of cough partly ceased.

*Second Week:* I continued *Ignatia* as above, but substituted



for *Iodine* the tincture of *Hydrastis Canadensis*. In two weeks the cough had entirely disappeared and so I stopped *Ignatia*.

*Third Week:* Morning and evening four drops of *Nitri acidum* 30 in water; and an hour before dinner and supper, four drops of *Arsenicum album* 6 also in water. With this now gargling with sulphurous mineral water instead of atomizing the same.

*Fourth Week:* *Silicea* 6 instead of *Arsenicum album*, while *Nitri acidum* is continued; as also the gargling with sulphurous water.

At the end of this four weeks' treatment the patient was freed from all her troubles. She is now a zealous defender of Homœopathy.

#### Gallstone-Colic.

A man, seventy years of age, whom I had treated a long time and frequently for disease of the liver, some time ago thought himself out of danger and gradually neglected the strict diet which I had prescribed. In consequence he was suddenly seized in the middle of the night with gallstone-colic. So at least I concluded from the description which he gave me of the symptoms he felt: a sensation of great pain in the right hypochondrium, radiating toward the back and right shoulder, with jaundice, a shaking chill and vomiting.

I was called in next morning. There was some alleviation, but he felt as though he should have a new attack. An examination showed an enlargement of the liver, and I could feel the filled and tense gall-bladder on the lower edge of the ribs on the right side. For several days he also had had an obstinate constipation.

The patient was given a *Clyster*; a copious stool followed and after this the patient felt easier. I prescribed also *Calcareo carbonicum* 30 in pellets, one every hour.

After three days the patient felt much better and the stool was regular. I now gave instead of *Calcareo*, on account of the jaundice, *Nux vomica* 6 and *Chelidonium majus* 6 in alternation. In a week the patient was rid of his jaundice. But the patient also had heart disease. The noise from the valves had in the meantime increased and the secretion of urine had diminished.

An analysis of the urine showed nothing else but a great abundance of urobilin. What troubled me was the small quan-

tity of the urine. I gave *Digitalinum* crystal. of which I prescribed one milligram dissolved in one hundred grams of water, four teaspoonfuls of the solution every day. The effect was rapid and favorable. Within two days the secretion of urine became normal, and at present his health is as good as can be hoped in a case of chronic inflammation of the liver and diseased heart.

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## PHYSIOLOGIC STUDIES IN ANAPHYLAXIS.

The following abstract of a paper by Dr. W. H. Schultz (*Journal of Pharmacology*, Jan.) is taken from the *Journal of the American Medical Association*, Feb. 17. It throws considerable light on the vagaries of serum, and, in a manner, accounts for the sudden death that sometimes follows its use:

"The most important facts ascertained by Schultz are as follows: (1) Horse serum causes constriction of the pulmonary arteries, coronary arteries, and of the systemic arteries, and also acts directly on the heart muscle. (2) In both normal cats and in cats sensitized with horse serum there is a fall of blood pressure, following an intravenous injection of 0.0010 to 0.0025 c.c. of horse serum per gram body weight. (3) The action of the serum is peripheral, since destruction of the brain and spinal cord does not materially alter the end results. Furthermore, perfusion studies as well as other studies with excised organs yield results that show smooth muscle and cardiac muscle to be the most important tissues involved in causing the gross symptoms of anaphylactic shock observed in the cat and dog. (4) The abdominal blood vessels play at best only a secondary part in causing the low blood pressure since a fall of blood pressure is obtained when all abdominal vessels are clamped off. (5) Atropin sulphate may or may not influence the circulatory phenomena. It is only very large doses of atropin that seem to have any influence on the action of serum when the protein is intravenously injected in doses of 0.0010 to 0.0025 c.c. per gram body weight. (6) Horse serum kills cats by its action on the cardiopulmonary system and not by vasodilatation of the systemic blood vessels alone, the distention of the large abdominal and thoracic veins being for the most part passive. The rate of injecting the serum

into the jugular vein, as well as the total amount injected at once, greatly influences the blood pressure and cardiac phenomena, large doses rapidly injected being more certainly fatal."

### A TRIBUTE TO BÖENNINGHAUSEN.

(Dr. Maurice Worcester Turner concludes a paper in the *Feb-Medical Advance* as follows. These beginnings are "Mental," "causa morbi" and "location."—Editor HOM. RECORDER.)

If one wishes, *all* these "beginnings" may be used with Boenninghausen, the "mental" as well as the other two, and in a much simpler way than with any other repertory on account of the general and comprehensive arrangement of Boenninghausen.

In Boenninghausen the mental location is provided for ("affections of mind in general" or "disposition generally affected") and the mental variations, given in concrete form, compose the "sensations" of that part, thus following the usual arrangement of the repertory just as if the "location" were *shoulder* or *abdomen* instead of *mind*.

While it is not to be expected that the Therapeutic Pocket Book will be universally used, yet it is well that the scope of the work should be generally known.

Besides the foregoing advantages, I would lay especial emphasis upon two others to be derived from the intelligent and skillful use of Boenninghausen. These are usually overlooked either because they are not known, or if recognized because they are not understood. They are:

First—The *analytic value* of remedies in the various rubrics or symptom-parts. This feature of the repertory is of great help, when properly followed out according to the intent of its author.

Whether the analytic arrangement originated or not with Boenninghausen, certainly all the modern repertories in which this element has been incorporated derived the idea from him; and

Second—The *concordances*. While the sequence of remedies can be ascertained in other ways it is best suggested or most simply worked out in the case-study with the assistance of the concordances (relationships).

It may be needless to add that, valuable and helpful as they are, the concordances are *only* to be found in the Therapeutic Pocket-Book, and were arranged by Boenninghausen "not only for the recognition of the genius of the remedy, but also for testing and making sure of its choice, and for judging of the sequence of the various remedies, especially in chronic diseases."

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## MEDICINAL TREATMENT OF CANCER.

(The following is an extract from a very long paper by Dr. Le Hunte Cooper read at the International Congress; see *Homoëopathic World*, Sept., 1911.)

And now as to the all important question of operation in cases of malignant disease. There is no more firmly rooted conviction in the professional mind than that, by delaying operation, we are endangering the patient's life. This has been the academic teaching of the past, and so emphatically has this tenet been laid down by teachers in the medical schools that to dare for one moment to suggest otherwise would effectually plough a candidate aspiring to medical degrees. The result of this is that the diagnosis of cancer is no sooner made than operation is at once resorted to. There is consequently no opportunity for medical men to judge of the course of the disease when treated medicinally, except in cases which are too far advanced for operation, and which are necessarily most unfavorable for treatment. Hence, no progress in this direction has hitherto been possible. I do not suppose that anyone more implicitly believed this doctrine than myself, when I left the medical schools, and it was only when I came to draw deductions from the evidence of my own senses that I began to doubt the correctness of this view.

I ask you, gentlemen, for one moment, to free your minds from the old preconceived views, and to regard the situation from an entirely different standpoint. Let us suppose that instead of cancer being at its commencement purely a local disease, a deep-seated constitutional dyscrasia is primarily responsible for its incidence. If we once admit the possibility of this, it must enormously modify our conception of the right course to pursue in its treatment. For, in this case, the tumor we see would only be a manifestation of the constitutional state, and to remove it in

the hope of *curing* the disease would be irrational in the extreme. Again, once allow that removal of this primary neoplasm tends to the production of more virulent manifestations of the disease later (and I do not think that anyone who calmly reviews the results of his own experience can doubt this), the possibility, and indeed the probability, at once occurs to me that the primary tumor may actually be a relief to the systemic condition.

The importance of such a conception cannot be over-rated, or if it has a shadow of foundation in fact then one would most certainly not be acting in the best interests of the patient by performing an operation on a tumor at a time when it was functioning as a safety valve to the system.

I know perfectly well that anathema and obloquy are the inevitable rewards of anyone who dares to breathe a word which tends to cast a doubt on well-established pre-conceived doctrines. But *when practice based on such doctrines hopelessly fails*, and one's personal experience points to the probability of these doctrines being fallacious, I consider that one should not hesitate to state one's views, in the hope that calm unbiased discussion will ultimately result in an arrival at the truth; for it is only by arriving at the true nature of the disease that we can ever hope to master the problem of its cure.

From the above it might be inferred that I am entirely opposed to operation in this disease, but this is not so. What I am opposed to is operation at the stage at which it is usually performed—*i. e., when the tumor is rapidly growing and before any systematic treatment is adopted*, for it is in these cases that I have seen such unhappy results follow. You may remove an old slowly-growing scirrhus mass with comparatively little danger to the system, but I maintain that *a very grave risk is incurred in removing a rapidly growing cancerous mass, shortly after it has appeared*. On the other hand, if control of the disease is first obtained medicinally and such measures are continued after the operation, the risk of removal is reduced to a negligible quantity.

It is an astonishing thing how strenuously it is denied by the profession at large that cancer can be acted upon, or even modified in the slightest degree, by drugs of any kind, and how few medical men think it worth while even to attempt to combat the



disease in this way. But still more astonishing is it that they not only rest complacently on their couch of erroneous conviction, but they heap insult and contumely upon the head of anyone who dares to make such an attempt.

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### OBITUARY.

#### Jones—Fornias.

Within the past few weeks two valued contributors to the pages of this journal have passed on to join the great majority beyond the portals of the grave. These two are Dr. Samuel Arthur Jones, of Ann Arbor, Mich., and Dr. Edouard Fornias, of Philadelphia. We do not have the data of the lives of these two veterans save the general knowledge that both had lived long and active lives, and both were scholars in the true sense of the word. Strangely enough both of them sprang from that old race, probably the oldest that fringes the western shores of Europe. Dr. Jones was of Welsh stock, the race that held Britain before the days of the Romans, Saxons, Danes, and Normans overran the country, while Dr. Fornias was of Basque stock, that old and unconquered race that were crowded into the northwest corner of Spain, and who still largely retain thier racial individuality. As said before both of the departed were scholars, men of wide and varied learning whom the world can ill spare, for with the increased grind to-day of education men have less leisure to become learned.

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### THERAPEUTIC POINTERS.

In a letter inquiring about a certain remedy a physician not of the homœopathic practice (as yet) writes: "I am aware, fully aware, that *Kali mur.* 6x alternated with *Ferrum phos.* 6x will cure *diphtheria*; I have proven this so many times that I cannot possibly be mistaken, so you see I am not unprepared to acknowledge that there is virtue in very dilute medicine."

Dr. J. E. Wright, late at Westfield, N. J., now at Philadelphia, remarked the other day, in effect, that if when treating cancer you keep looking for "cancer remedies" you will not meet with much success, but if you "treat the patient" you can do much,

though not always curing the case. He has had much experience in the matter and incidentally put in a good word for Burnett's book, *Tumors*.

Dr. N. W. Dewees, Cambridge (O. E. M. J.), gives his successful treatment of syphilis. In brief, it is *Iris* in material doses and *Podophyllum* to keep the bowels open. As a summary he writes: "To put the therapeutics of syphilis in a nutshell, give *Iris* all the time. If the lymphatics are involved, give *Phytolacca*. If the skin becomes involved, *Rumex* is indicated. When throat or mucous membranes become involved, *Stillingia*." He reports great success with this treatment and it is surely preferable to using that dangerous Salvarsan. All these drugs are used in material doses.

Here is a potency hint from Dr. Ralph Bernstein's paper in Mar. No. *Am. J. of H.* A woman with life-long attacks of angio-neurotic œdema beginning with urticarial wheals. Early in life she had been severely stung with bees. "Don't give me *Apis*—they all do, and it makes me worse." She had been the rounds. So Bernstein gave her *Apis* 300th and that was the end of her troubles. It was a cure *a la* Burnett.

From same paper (Bernstein's, see above) comes the reminder of *Dolichos* (cow hage) for those patients who, like the cows, so often rub their backs and shoulders against door posts, fences, etc., the "God bless the Duke of Argyle" sort. For these look up *Dolichos*.

Dr. G. F. Parks, Junction City, Ore., Ellingwood's *Therapeutist*, March, writes that twenty years ago an old German doctor told him "to apply *Veratrum* full strength to chilblains" and experience has proved the practice good.

A case of nasal polypus is reported by McLandish; after three surgical operations he gave *Teucrium* 3x and had the tincture of same drug applied to the site. The result was a cure. The growth had always returned after the surgical removals.

Dr. Castellan, of Toulon, France (*Jour. Bulge d' Hom.*, Feb.), strongly advocates the homœopathic internal vaccination in preference to the prevalent method which, he thinks, is a serious injury to the health.

Dr. T. J. Merryman, Lincoln, Neb. (*la. Hom. Jour.*, March), notes the good effects of *Nitric acid* in acrid secretions of the

mucous membranes. One case of conjunctivitis of both eyes that had been treated unsuccessfully by specialists cleared up under this drug, as did the enuresis from which the patient had been suffering. In another case where the eyes were sensitive to the light and any fruit like apples, or drink like lemonade, would bring on a diarrhœa, was also cured by *Nitric acid*. This acrid feature of the drug is worth noting.

Dr. Long, of New Brunswick, N. J., dropped in the other day, and in the course of the "shop talk" told of a wealthy old gentleman, he was 82, who came his way a few months ago. He had been to many doctors, including the best in Europe. His trouble was extreme prostration and constipation. His invariable treatment had been something "to move the bowels" and something else "to build up the strength." Dr. Long told the old gentleman that he would take the case if he would obey orders, which terms were agreed on, so the patient was told to "stop the pills, not eat anything until he was genuinely hungry and take this"—the this being *Nux vomica* (probably the 30th). The sequel was that the patient, then bed-ridden, is now walking about town quite briskly. "Not much of a case!" some may say, but should remember that the great ones of medicine had failed on it.

(Debility.) Girl, aged 11, has seemed for some time to be pining without visible disease. Listless, weak, no appetite; severe pains in legs at night, only relieved by dry rubbing with the mother's hand. *Natr-carb.* 200 soon removed the pain and improved the general condition.—*Dr. Jas. B. Bell.*

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## BOOK REVIEWS.

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MODERN URINOLOGY. A System of Urine Analysis and Diagnosis. By Clifford Mitchell, A. B., M. D., Professor of Chemistry, Clinical Urinology and Renal Diseases, Hahnemann Medical College, Chicago, Ill. Illustrated. 624 pages. Cloth, \$3.00. Postage, 27 cents. Philadelphia: Boericke & Tafel. 1912.

By means of this book, the most up-to-date in the market in all things whatsoever pertaining to the urine, the general practitioner may be able to avail himself of many useful points in diagnosis not treatment, the student will find the whole subject under

one cover and the specialist will gain a knowledge of many things in his specialty that have come to light since his last post-graduate course. The book is well written as concerns its literary side, and goes into details so much desired by those who consult textbooks. It is not a mere revision of the author's previous works on the same subject but a new book from title page to the end. Each chapter begins with a synopsis of its contents, a very excellent feature, acting as a sort of "Contents" to the chapter. Very much attention is also given to the diagnostics of the urine which will be found of practical importance to the general practitioner as well as to the specialist in making a correct diagnosis of any given case. For the information of prospective buyers it may be well to add that there is nothing anywhere said of treatment of the many diseases and conditions which the tests, etc., may show to be present in the patient. It is purely a book of "medical science" in the true sense of that sometimes overworked term, for it deals solely with facts—with things known and demonstrable. We may safely conclude that it is *the* book on urinology, quite regardless of "school" or practice.

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EMANUEL SWEDENBORG'S INVESTIGATIONS IN NATURAL SCIENCE AND THE BASIS FOR HIS STATEMENTS CONCERNING THE FUNCTIONS OF THE BRAIN. By Martin Ramström. Published by the University of Upsala. 1910.

The University of Upsala, the great center of learning in Sweden, celebrated its 200th anniversary in November, 1910, and this splendid quarto pamphlet is one of the publications issued in commemoration of that event. The removal of Swedenborg's dust from England to his native land in one of Sweden's war vessels a few years ago was a national affair, and seems to have aroused the attention of modern men of learning towards him whom our American philosopher, Emerson, once termed, in effect, "a leviathan" among scientists. His work in science was all embracing, including anatomy, physiology, geology, astronomy, cosmology, mathematics, and, finally, theology. Some modern scientists have lamented the fact that in his riper years Swedenborg should have turned his back on earthly science and devoted it to theology, forgetting, perhaps, that in a sense this is the highest, most uni-

versal, and the most misunderstood of the sciences. It stands apart from all the other sciences dealing with matter, and is truly concerned with causes; it is not divorced from natural sciences but is above them and explains them, opening, as it were, that closed door against which *every* science runs up against at some period. Swedenborg's magnificent career in natural science fitted him with a foundation for the higher, for the crown of all science—its spiritual or primary. But it is to be noted here that Swedenborg says that the latter can never be reached from the former, but can come *only* by revelation, hence his theology was written "by command" of the one God. You get into a new and strange world if you follow him from his natural to its corresponding spiritual science. The connection between the two is not continuous as from grosser to finer, but is related as Cause to Effect. For instance, Napoleon's ambition (for want of a better word) drove his armies from Egypt and Spain to Moscow and Waterloo; the effect was tremendous, but has any one ever isolated the active principle, or the micro-organism, of ambition? Yet as we know it was a most potent thing in natural effects.

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"We are too apt, I think, to regard diseases as entities—things that are definite, and, I had almost said, concrete, not, of course, as contrasted with abstracts, but rather as things with boundaries and circumscribed; whereas disease ought to be regarded as a particular condition of the individual, due to certain agents and modified by certain conditions. And as bearing on this view I would like to direct attention to the well-established fact that particular bacilli do not always cause the same symptoms. The pneumococcus does not always cause croupous pneumonia, and we are all familiar with the protean characters of conditions due to the influenza bacillus and the *Bacillus coli*."—*Exham, in British Medical Journal*.

*Causticum* is the remedy for the ills dating from burns, for the bad effects of burns.



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## EDITORIAL BREVITIES.

DEAR READER.—If you would oftener take your pen in hand and write us something we would not have to cover so much space with these “brevities,” which, it must be confessed, are too often very shy on brevity. Just sit down some time and “cast forth thy word”—in this direction.

INNOCOUS DESUETUDE.—The one time habit of the stately old gentlemen of writing “stop my paper” because it contained matter that did not meet with their approval is fast dying out. Men to-day take papers and journals in order to keep an eye on the drift of things whether it be as they would have the drift or not, and only “stop” them when they become insipid. Any editor would rather lose a subscriber because he became angry than because he became bored, for the latter cause is not flattering to his vanity.

MELANA NEONATORUM.—A paper by Dr. W. R. Nicholson, of the University of Pennsylvania (associate in obstetrics), in the *Therapeutic Gazette*, February, under the heading, “The Treatment of Melena Neonatorum by Human Blood Serum,” is the occasion of this note. The word “melena” is from the Greek “melas” = “black”—black vomit, stools, etc., in babes. Dr. Nicholson says the death rate in this condition is about 100 per cent., but in the last case he met the babe recovered under the injection of human blood serum, in this instance supplied by the father. Now what is the homœopathic remedy? Theoretically, it looks like *Crotalus hor.* 30. Have any of our readers any ex-

perience in the treatment of this condition, and, if so, will they send it in for the benefit of the newcomers in the world?

CHRISTIAN SCIENCE IN GERMANY.—The following from a recent medical letter from Berlin illustrates a point we have often harped on: "Notwithstanding all the exposures which have repeatedly appeared in the daily papers and the statements of physicians to individuals, it has proved impossible to stamp out Eddyism in Berlin. On the contrary, it has obtained quite a number of adherents, some with considerable means, and it is known that especially the members of the so-called better social circles are joining this cult." Learned medical men may prove to their own satisfaction that their science is very wonderful and extremely beneficent, but if it were people would not go after the cult of Mrs. Eddy, and the fact that they do is conclusive proof that there is something very wrong with the science so much in wordy evidence. It is idle to rage at these "charletans," to invoke the law to set the police on them, for if "the people" (so loved by T. R.) head that way you cannot stop them. It would be far wiser to consider your own practice and learn why it is that patients are turning away from you. Take on straight Homœopathy if you expect to stop the exodus. "The people" want relief not experiments.

WE ALL DO IT.—"There is a certain sort of crafty humility that springs from presumption, as this, for example, that we confess our ignorance in many things, and are so courteous as to acknowledge that there are in the works of nature some qualities and conditions that are imperceptible to us, and of which our understanding cannot discover the means and causes; by this so honest conscientious declaration we hope to obtain that people shall also believe us as to those we say we do understand."—*Montaigne*.

CEREBROSPINAL MENINGITIS.—*Public Health Reports* of February 16th reports that from December, 1911, to January 25, 1912, there were 74 cases of cerebrospinal meningitis in Oklahoma, with 36 deaths, a death rate of nearly 50 per cent. One curious feature is that these cases were reported from 15 counties, which seems to indicate that the disease simply develops

from some unknown cause and is not a result of contact. This is not the theory of the health authorities but—there are the facts! On this point we note that in the same issue there were 38 cases of small-pox reported in Iowa for the week ending February 16, which were from 14 counties, and in Michigan 64 cases from the same number of counties. Looks as if this disease also simply springs up without contact. Sometimes when we face facts our theories get a black eye.

A QUICK RELIEF FOR PAROXYSMAL TACHYCARDIA.—The following by Dr. Herbert M. Rich, of Detroit, Mich. (*J. A. M. A.*, February 24), is interesting and may be useful. It may be stated that the patient had been subject to these attacks for the past five years:

"January 18, at 4 P. M., the patient came to my office complaining of a rapid heart. It had begun at 8 o'clock in the morning. I counted the apical systoles with a stethoscope and found the rate 220 per minute. A colleague, Dr. F. C. Kidner, was called in and corroborated the count. (The rate has been the same in every attack in which I have seen this patient.) After trying the method described in my last communication several times unsuccessfully, I seated myself in front of the patient. Putting my right hand flat over her heart, and my left on her back directly opposite, I directed her to take a deep breath, close her glottis and fix strongly the walls of her chest. I then squeezed the chest walls with some force, attempting to exert some pressure on the upper part of the heart. Instantly she expressed relief, and, grasping her wrist, I found the pulse to be 110, whereas fifteen seconds previously it had been 220. After resting a few minutes in my office, she went home on a street car, perfectly relieved." \* \* \* "It seems not improbable that a squeeze of the heart at this time might reopen the occluded vessel or vessels and re-establish the normal circulation with a consequent relief of the dependent phenomena. If this explanation should prove to be the true one, the method would be worth trying in early cases of angina pectoris. The pathology is similar and it seems not unreasonable to believe that an occluded coronary artery might also be opened by squeezing the heart and the anginal attack cut short."

A PROVING OF OLEUM JECORIS ASELLI.—Among the abstracts (*J. A. M. A.*, March 16) is one of a paper on cod liver oil by Czerny that appeared in *Therapie der Gegenwart*, Berlin, February. "He," Czerny, "pushed cod liver oil in treating a number of tuberculous children, giving them as much as they could take without appreciable disturbance. Some thus took up to 80 gm. of cod liver oil in a day without apparent harm. The children did not make any special gain in weight on these large amounts of cod liver oil, but one after the other they developed eczema of the face and scalp so that in a few weeks the clinic was a regular hotbed of 'scrofula.' " When the oil was discontinued the eczema gradually disappeared. This is a pretty good proving, though the subjects were not healthy persons, but we know Hahnemann made use of such provings in building his materia medica, at least the earlier parts of it.

A QUESTION FOR DEBATE.—Is a man better, physically, after an attack of typhoid? This question is suggested by the opening sentence in a paper by Dr. D. J. Davis, of Chicago, that appears in the *Journal A. M. A.*, of February 24. Here it is: "The rationality of antityphoid vaccination rests primarily on the fundamental fact that immunity is acquired during an attack of the disease." Now, as the vaccination is presumed to accomplish the same as an attack of typhoid, the question asked was suggested. Also, does one never have typhoid a second time?

A WORD OF WARNING.—"Perhaps a word of warning should be uttered concerning the present method of administration [of typhoid vaccine]. Thus far, though many individuals have been inoculated, no serious results have been reported. It is a fact, however, that the vaccine has heretofore been given chiefly to young and healthy army men who have passed a thorough physical examination. We should remember that any substance that will, in a healthy individual, cause headache, nausea, insomnia and an increase of temperature of two and sometimes three degrees, etc., as the typhoid vaccine may do in the doses used, must be considered a powerful toxin. Consequently it is reasonable to assume that certain changes such as myocardial degeneration, vascular changes, kidney degenerations, etc., might easily result,

though they may be manifested only at a much later period of life. And perhaps the consequences might be much more severe should the vaccine be injected into an individual who was at the time suffering from renal, cardiac or other lesions. At any rate, it would seem inadvisable to use the vaccine previous to a careful physical examination.”—*Dr. D. J. Davis, in J. A. M. A.*

“IT DO MOVE.”—Readers who are not so young as they used to be may remember the ado made over the “blue light discovery” some forty years ago—the wits grew very witty and the scientific became red in the face with indignation. The learned to-day, however, write books and erudite papers on “light therapy.” This makes us cherish the hope that some day the learned ones will realize that the *power* of, say, the 15th or 30th potencies of certain drugs removes disease when the *forces* of their drugs too often leave the patient a nervous wreck. However, man must not be too greatly blamed for error, for none would go unwhipt of justice if whipping were the penalty of error. The conscientious man who fills a patient with hypodermics and concentrated drugs is not to be blamed for the results even though that fact does not change the effect on the patient. The world dimly gropes for something better, hence it adopts the many new fads, mostly folly, but at worst physically harmless folly. And, while the world aimlessly seeks better things, the men of strong drugs, hypodermics, animal viruses and serums, and glittering knives, rage and seek to head it off by means of law. All things considered, the man who is reasonably up on plain old Homœopathy and only departs from it when he gets scared in emergencies is the man who is in the strongest medical position to-day. Philosophically considered the old school men are to blame for the horde of fads that prevail. Had they done what they claim to do, investigate and adopt the best, they would not have rejected Homœopathy as they did without the slightest investigation, and had they adopted it there would have been no need of this restless search for something which afflicts themselves as much as it does the world.

A PORTENTOUS REVOLUTION.—If you carefully go through the recent issues of the big allopathic journals to get a line on



therapeutics you will find that these are practically confined to bacterins, vaccines, serums, and hypodermics generally, the old dose by mouth being almost entirely neglected. This fact makes the distinction between Homœopathy and that ever changing practice generally known as allopathy sharper than ever. That this is so is good for Homœopathy, but that the effect on humanity will be good is a very wide opened question. This form of medication is of comparatively recent origin. It is known to produce a change in the blood. Any change must be a departure from the normal. Such changes cumulatively must produce a certain change in the race in whose blood they are made. If this general change going on, this racial departure from the normal is beneficial, then is scientific medicine a blessing, but if it is a departure from the normal in the old sense then it is a racial curse. The word "scientific" throws a glamour over the matter but scientifically leaves the whole problem unsolved. To inject dead bacteria into the blood and to note the disappearance of the so-called live bacteria is, scientifically speaking, to cause the disappearance of the live bacteria, but there science comes to a halt, save that it notes that the character of the blood has been changed and it seems to remain changed. Whether the race is to be the better for getting rid of its bacteria on these terms is a question that is interesting and worthy of careful study by the highest medical scientists.

EVOLUTION.—This great doctrine is about where its formulator left it, having evinced a decided tendency not to put its own ideas into practice. This negative condition, however, does not prevent Dr. Duckworth, in his *Prehistoric Man*, from, on the whole, accepting it, though he admits that the time factor is something of a difficulty. It seems that Professor Rutot assigned a duration of 109,000 years to the Pleistocene period, but later Dr. Allen Sturge claimed 700,000 years for a portion of that period only, not the whole of it. Recently, as we were told, a skeleton was found in England very much resembling that of a modern Englishman, said to date back about 70,000 years. When the ordinary mortal consider all this, and the further fact that our "dying sun" must have been blazing during all that inconceivable period and seems still to be very much alive, the vague idea is apt to enter his head

that perhaps the learned gentlemen were merely doing some tall guessing on the subject of evolution, which by a process of evolution, or some other less obtruse process, has become pure science in the minds of many earnest ones. The doctrine may be true but surely one is entitled to Tennyson's "honest doubt" without being excommunicated from the temple.

ANOTHER SERUM CASE.—A Pittsburgh physician sends us a copy of the *Gazette-Times*, February 24, of that city containing an account of a 16-year-old girl at Youngstown, O., who is dying of convulsions that very much resemble hydrophobia. The attending physician, knowing that she had not been bitten by any animal, concluded that her affliction must be due to the diphtheria antitoxin injected some months before when she had an attack of diphtheria. Investigation showed that the serum was from a horse that had gone "loco." Such is the newspaper account. Whether it be "sensational" or a plain statement of fact is a question we cannot determine, but there is enough in it to show the exciting uncertainty that attends the use of this much advertised remedy.

WHAT ARE THE FACTS?—The *Monthly Cyclopedia* for February prints a paper read by *Dr. Heinrich Sterns* before the Medical Association of Greater New York, under the title, "Some European Spas—a Peep Behind the Scenes." All the German spas come in for some attention, but especially Nauheim. These waters contain (quoting Dr. Stern) sodium chlor. (salt), calcium chlor. (lime), and carbon dioxide (carbonic acid gas). Originally they were exploited as the great rheumatism cure, later they became the correct thing for wasting diseases, tabetics, and now it is the great place for heart disease, even though the waters have not changed. Dr. Stern thinks that salt, lime and carbonic acid gas form but a small base for the cure of heart disease. He also remarks that the proportion of German patients at the place is very small; "as we say in the vernacular, they have smelled a rat" also. "Granted even that there ensues a transitory subjective well-being immediately or soon after a Nauheim bath or exercise, is there really a thinking physician who will maintain that lasting benefit to the genuine cardiopath will result from a course of the Nauheim treatment? I can assure you that the

Nauheim physicians entertain no such illusion. Some go even so far as to declare, in private, of course, that the treatment has no alleviating influence at all upon instances of organic heart disease. And they are in the right." Now all this is from good "regular" sources, and our only comment is that it seems that if a patient cannot be pulled through on straight Homœopathy (aided when necessary by surgery) he cannot be pulled through by any other means. If a patient must be sent somewhere send him to one of the many excellent sanitariums in our own country.

DIPHTHERIA ANTITOXIN.—Man's belief or disbelief never budged a fact, because the fact is distinct from man's opinion of it. At the go-off diphtheria antitoxin was believed to be the conqueror of diphtheria, but apparently it was not because Dr. J. A. Roddy (*N. Y. M. Journal*) now says that 70 per cent. of the patient who receive a small number of units, which small number he thinks comes within 10,000, do not have the poison of the disease neutralized, therefore he thinks they need from 30,000 to 40,000 units, and then there is no need of anything further. That is Dr. Roddy's opinion, which does not alter the fact, whatever it may be, an iota. The probability is that some will die under 5,000 or 40,000 units and others will survive; that some will die under homœopathic treatment and others will not. The fact (according to Dr. Dewey's carefully gathered figures) is that the ratio of deaths under homœopathic treatment is 4.5 to 12.4 under antitoxin, this being the relative ratio of deaths to the number treated by both methods. Again, the probability is that the one who recovers under homœopathic treatment will enjoy better future health than the one who lives with horse serum in his body. But a bad case of diphtheria is an ugly thing for any physician to face; each one should meet it according to his light, and the others should not too severely criticise his results. Especially should one who does not use the serum, yet has lost a case of diphtheria, be free from criticism of those who always use it, in view of the many vagaries reported as following its injection, and by their higher death rate.

COMMON SENSE AND PURE FOOD.—There is much published in medical journals that makes one peevish. For instance here is one before us in which the writer gravely tells us that putrefying,

decomposing and diseased fish flesh and fowl are dangerous to the health. Man alive! Hasn't the world known this since before the days of Moses? It did not know it under the words "bromatotoxismus," "ptomaines," "toxalbumins," "saprophytic agencies," and like words from the simple folk tongue of the ancient Greeks, but it has always known the essential fact that bad food was not good. The dressing up of simple things in Greek (generally most barbarous Greek, according to Dr. Rose) does not constitute learning though it may mystify an earnest reader. Then read this bit of what is presumed to be practical advice, "All fish used as food should come from *deep sea waters* and should be eaten within twenty-four hours." The *italics* are the author's, and his contention if carried into effect would practically eliminate fish from man's diet, for few fish are caught in deep sea waters and still fewer could be carried thence to the table in twenty-four hours. Mankind has been eating fish from before the "dawn of history," nearly all of which were not caught in deep sea water, and the greater part of which were out of the water longer than twenty-four hours before they were eaten, and apparently the race is none the worse for it, so why should any one in the name of medical science seek to put more bogie ideas into empty heads?

"FILLERS."—Every one who has guided a publication of any sort knows that when the first page proof make-up reaches him there is apt to be vacant spaces at the end of the papers to be taken care of. Some editors with enviable laziness and freedom leave them blank, but others fill them out even though the space be but a line. In doing this some run to poetry, some to jokes, some to professional maxims, some to "ads," and some to profundity. The whole is apt to confuse the conscientious reader. Take a specimen of the last named, taken at random. "Cast forth thy act, thy word into the everlasting universe: it is a seed grain that can never die.—*Thomas Carlyle*." Now what did Tammam mean when he wrote that? It sounds well, but if the editor can tell what it means he is a greater genius than Carlyle. Had the advice been to withhold the word occasionally and give the world a little restful silence it would have been comprehensible.

"EPIDEMIC POLIOMYELITIS."—The medical officials of all countries still insist in regarding this new terror as a contagious disease in the face of their own facts. For instance it is very prevalent in England, and the *Lancet* of Feb. 24 editorially says: "Dr. Reece's inquiries have also confirmed the foreign experience that poliomyelitis occurs to a disproportionate extent in remote country places and isolated dwellings, and as a result of his painstaking investigations it can be said that epidemiological considerations similar to those frequently ascertained in Sweden and America also arise in this country and equally await explanation." The explanation awaited is as to how an epidemic and quarantineable disease can break out in remote and isolated places quite regardless of contact and still be classed among the contagious, or germ, diseases? In this the facts seem to upset the accepted theory. This is not mere carping, but a statement of an actual condition that is at utter variance with the theory on which that which terms itself "scientific medicine" is founded, which, as the *Lancet* justly says, awaits an explanation. The fact that this theory is accepted by the leaders of medicine is not proof of its truth, for in the past many other theories have been accepted by them which turned out to be merely ingenious fancy. Science is based on the bed-rock of fact and not on some learned man's speculations. Paragraph 10 of the *Organon* is not exactly enlightening on the point, but it provokes thought. Here it is:

"The material organism, without the vital force, is capable of no sensation, no function, no self-preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in health and disease."

No one can well deny that when Hahnemann wrote the foregoing he touched a deep truth, yet, on second thought, one that even the unlearned know, for is not a dead body devoid of feeling? This being admitted, would it not be more in accord with true science to approach the consideration of disease more from the "vital force" point of view than is done today?

THE BAND WAGON.—Start at the earliest known medical literature and there you will see the same old band wagon that heads medical "progress," though with a different set of men and ban-



ners every generation, creaking along then as it does today, but always playing the same old tune, "See, the Conquering Heroes Come!" while the discarded banners of past decades strew the long, dusty road, because each period's occupants must have something *new* else there is no "progress." It is an old road, with many windings, but it ever circles back to the starting point, and new men go over the ancient road again with the joyousness of youth, really believing that the old, old scenes and landmarks are wonderful new discoveries. The idea of medical "progress," as one from place to place, is an error, for are we never to find basic truth? Why is it not saner to plant one's feet on a basic truth like Homœopathy and *develop* it rather than to be ever seeking something new? And why should men who can occupy that impregnable fortress wish to desert it to go trailing in the dust amid the camp followers of the battered old allopathic band wagon? Echo answers, Why? Once it was prescriptions of from 20 to 300 or more drugs. Then it was bleeding. Then it was, as always, confusion. Then it was coal-tar. Then it was insect powders, that is, germicides. Then it was animal extracts. Today it is diseased human extracts—which, let us hope, is the bottom. What it will be tomorrow no man knows—ask the German pharmacists who hire the learned ones to drive.

TIMES CHANGE.—Something over two hundred years ago Mr. Addison wrote a satirical letter to the London *Spectator* in which he commentated on the love of the Londoners for what they termed "news;" the matter of the news did not make any difference to them. Mr. Addison in his letter proposed to establish a daily paper in which would be given every day the happenings in villages in the reach of the "penny-post" from London, as, for instance, that Mr. So and So was visiting So and So in the village; that a piebald horse had been caught and was in the village pound; that mine host of such an inn had a specially fine lot of ale, and so on. Now, we all know that this satire has become a sober and profitable fact.

Similarly, about the same time, or some years later, the doctors set their faces like flint against secret medicines, or against such as were not open to all chemists to procure. (This is not in the before-mentioned letter, be it known.) The men who proposed

such a thing as a privately controlled medicine were QUACKS, in caps. Now it so has fallen that the satire of Mr. Addison has become sober fact, and, also, so has the thing the stately old time doctors raged against.

In the March issue of one of our esteemed contemporaries we saw 48 pages of its valuable space taken up with the free advertising of a patented, and proprietary, drug for syphilis, and the matter was collated from other similar journals; in short, free and most valuable advertising of a patented medicine against which the old medical men, as did Addison, launched their satire. The reason is very plain: if a medical man in Europe becomes famous the chemists simply hire him at a comfortable salary, perhaps more than he could make on his own bottom, and, under his acquired name, launch his "discoveries" and under the law see to it that no one produces anything like it—and the American journals furnish free advertisements under the heading of the "latest science!"

If you doubt this ask yourself, or any learned confrere, what is known of those "606 experiments" which developed a remedy that has convulsed the learned medical world of Europe and American? Ask why this furore over the old fact that arsenic is a remedy that has its place in the treatment of syphilis? Ask why this ancient fact should excite so much commotion while really new discoveries are passed by with no comment? Ask why every discovery (so-called) that makes a stir in the medical world comes hedged about with a trade-mark and a patent? You might ask more questions, but let it go at this—for instance, why *Jama* damns American patent medicines and lauds those of Germany.

TRIGEMINAL NEURALGIA. A QUERY.—This query is taken from a paper by Wilfred Harris, M. D., Cantab., F. R. C. P., London, published in the *Lancet* for Jan. 27. "It is a debatable question whether in those cases of neuralgia limited to the first and second divisions it is better to practice recurrent injections for the two nerve trunks and leave the important area of sensation on the tongue and lower jaw supplied by the third division unimpaired, or whether it would be better in every case to attack the ganglion through the foramen ovale, and thus render the

whole area of the trigeminal nerve anæsthetic. That is to say, is it better to suffer the return of the neuralgia at intervals with recurring injection treatment and retain sensation on the tongue and lower jaw, or is it wiser to purchase permanent immunity from pain at the price of permanent loss of sensation on the half of the tongue and lower jaw, in addition to the numbness over the area of the trunks affected by the neuralgia?" The treatment, it may be stated, consists of the injection of strong alcohol into the nerve which amounts to the "chemical resection of the nerve." Why not give the sufferer a little *Spigelia* *θ* or in potency, or some other homœopathic remedy? To be sure this is an idle question to put to men like Dr. Harris, yet if he, and others, so learned in one direction only would turn their attention to other branches it would be better for their patients. If the only relief they have for neuralgia is by killing the nerves their knowledge is very limited.

NORMAL HUMAN BLOOD SERUM.—The cursory reader of medical periodicals is apt to fall into the belief that serums are among the few fixed stars of scientific medicine, but the following clipped from a paper by Dr. J. E. Welch, pathologist of the Memorial Hospital, New York, in the Feb. issue of the *Therapeutic Gazette*, gives a different impression and seems to show that those who unduly praise the sera do so rather on the strength of what they have heard or read than as the result of their own experience. Here is the clipping which partly prefaces a paper on the use of "Normal Human Blood Serum," etc.:

"Those experienced in the use of the various sera are well aware that their advantages are not unalloyed. Associated with the brilliant successes attending their use are numerous tragedies, begotten of their untoward effects. These effects are very commonly encountered when the serum of an animal is used in a different species, but fortunately are rarely severe enough to produce death, and they do not occur when the serum of the same species is used. This latter observation I made in 1902, in using normal human blood serum after having had a disagreeable experience with the use of diphtheria antitoxin."

This gives the reader the keynote to the paper—serum to be safe must be from the same species, *i. e.*, from a human being

when injected into a human being. Curious is it not when one recalls the vast literature that has been published praising the old sera? Perhaps the day is not far away when one will be as greatly blamed for using it as he is today, in some quarters, for not using it. In the meantime, and in view of the fact that the worst results of plain homœopathic treatment are better than the best under serum, one wonders why so many homœopaths go after the serums, but at the same time sees why so many men trained in their use are coming over to plain old Homœopathy. The greatest obstacle Homœopathy has today is the illy-prepared drug, made possible by the demand for "cheap medicine." "Fresh plant tinctures" doctored up in the little back room from the ruck of commercial fluid extracts and triturations made by mixers and powdered milk-sugar are death to the practice of medicine on homœopathic principles.

ETIOLOGY.—It was the advertisement of a new book that touched this off—a history of a certain bloody revolution, which, matters not, for the same line of thought applies to them all. This book, like all of its class, claims to give the "causes" that led up to this particular instance of blood-letting, as well as the details of the phlebotomy. But can this author, or any other, make good, in this promise to tell his readers the causes? The details of what King, This, That or The Other, did and said, and what was replied, and the ruction that followed, in which certain men became patriots to whom statues are erected, or forgotten traitors, hung or shot, as "luck" approved, is very interesting, but it does not give us causes. Those who read history know that there have been countless "revolutions" in big and little states, running back to the time when man began to write history, and that there is a certain monotony in the details of all, the difference being chiefly in the stage setting, but not in the story of the play. The details are interesting (if told by a good writer), but when a historian promises to give causes he is promising more than he can give. From this it looks as if one might conclude that etiology is the fundamental of all the sciences—and the least understood.

## PERSONAL.

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A lost race is generally the one we bet on.

"Drug Architecture" is what synthetic drugology is now termed.

A Pittsburgh man was arrested and fined for sleeping during church services. Moral?

"A writ of mandamus?" asked the lawyer. "No, damanus," replied the suffragette.

They say that the palms of Palm Beach are itching palms, mostly colored. Probably the worst citizen is the "well-meaning" imbecile.

The boy whose dad runs a candy store is generally popular.

"Shall we reform or be reformed?" asks *Jama*. Well, opinions differ.

In her heart every woman thinks that man is unfit for self government.

"If I could talk I'd say something," remarked the under man to the superman.

If you want to commit suicide become an aviator and give the public some pleasure in the act.

Cleveland *Plain Dealer* intimates that there are criminal lawyers in that town, but nothing proved on them yet.

The burglar is progressive—he makes an opening for himself.

Ethics, broadly speaking = Mrs. Grundy.

Never strike a man who knows you, or one who is short.

The greatest hardship is the latest battleship.

Homœopathy cures persons not diseases.

"The Governor of North Carolina and Public Health" is a recent heading calculated to make some men cock their ears listening for mention of the other Governor.

The preliminary patter of the coming storm for compulsory typhoid vaccination is heard in the journals.

Patients usually trust their doctors and most doctors have to **trust** their patients not being able to demand spot cash.

It is said that Fame, like a jag, is apt to leave its victim with a swelled head.

"What produces epidemic cerebro-spinal meningitis?" Question by *Calif. Ex. Board*. Does the Board know?

Some one said that the best way to become a pessimist is to live with a professional optimist.

Some one asks do persons take up Christian Science because of insanity or become so after taking it up?

"What is Genius?" asks an earnest contemporary. Only one who gets there knows, and he cannot tell us.

That old farm saying, that it is hard to tell whether "a hen has been layin' or lyin'" when she cackles is true to nature.



# THE HOMŒOPATHIC RECORDER

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## ARE WE SO MUCH WISER?

Under the heading, "The Survival of Ancient Pathology Among the Laity," the *Lancet* of March 16 indulges in some mild melancholy over the prevailing ignorance of the world concerning disease. For example, read this taken from the editorial in question:

Hippocrates' notion of the four humours of the body survives in the expressions "choleric," "sanguine," "melancholic," and "phlegmatic;" while the words "good humour" and "ill-humour" spring from the same remote source, and the word "spleen" owes one of its special meanings to its role in the humoral pathology as the producer of black bile. It would be strange if in the daily talk of average men and women nothing now remained of beliefs that dominated the medical world for so many centuries, especially as very few people even among educated classes have any clear idea of what they mean by a "disease;" in the minds of most it has something of the concrete about it, which the "constitution" can throw off or eject. Thus, most people regard a cold as a something that can be sweated out through the pores of the skin, and the rash of a specific fever as "the disease coming to the surface;" without the rash the disease would "strike inwardly" or be "suppressed." Similarly, a skin affection is to them a "breaking-out"—a term expressing something pent up within the system.

The subject is continued in this rather entertaining vein for over a column. The effect is to convey the impression that the old fellows, from Hippocrates down, were rather given to fanciful theories, something from which we are free today in the opinion of our English contemporary. But the fact remains that men are "choleric," "sanguine," "melancholic" and of other temperaments. Hippocrates attributed these characteristics to "humours." The *Lancet* says this is "ancient pathology," which is quite true from the chronological point of view, but fails to give us the modern pathology for these still existing conditions.

It is true that the editorial in question is not designed to give the modern view of these temperaments, but it would be interesting to have some one state them in a concise manner, for it might turn out that they are quite as fanciful as that of the old Greek of the island of Cos, whose history is almost as legendary as that of Hector.

As for the later superstition of Sydenham and his age, about disease "breaking out" or being "suppressed," what of them in the light of "the brilliant modern medical science," to quote the *Lancet* words? That something comes to the surface or, in the language of the vulgar, "breaks out," in certain diseases, is a matter of common knowledge; also, that something vulgarly known as "suppression" or "recession" occasionally occurs and gives trouble, as probably some of our experienced practitioners know, is also a fact. What is it? What is disease? A dictionary bearing the imprint of 1911 tells us that it is "morbus, illness, sickness; an interruption or perversion of function of any of the organs; a morbid change in any of the tissues or an abnormal state of the body as a whole." This is all there is save a column of definitions of special ills as "hookworm d., uncinarias" and so on. All this is not very enlightening, indeed no more so than what Hippocrates gave us. The old Greek told the world that the "sanguine" temperament was due to a "humour;" the modern dictionary says it means "full of vitality." Which is the more illuminating?

The *Lancet* concludes by lamenting that 20th century physicians have to face this ancient pathology, "scattered by our professional predecessors." But, dear doctor, what have you with which to replace the temperaments or "humours," the "breaking out" or the "suppression" of disease? Let your light shine! We have read vast printed expanses of medical literature on this general subject, but always came to the end in a somewhat confused state—not knowing the answer and with a vague suspicion that neither did the author. Indeed we turn the page of the journal from which the above is quoted and there is an account of a mix-up between "the physician and the pathologist," participated in by T. Clifford Albutt, Lauder Brunton, Samuel West, Hector Mackenzie, C. C. Gibbes "and others," in which in a very dignified way the practical men, the clinicians, pulled one way and the

pathologists another. Hence comes the conclusion that it may not be wise to wag the head at old Father Hippocrates' "humoural pathology," for, while it was not clearly worked out, it looked as if he had laid hold on a very big truth, bigger even than anything the modern pathologists have compassed. Hahnemann, too, dimly saw it in his "temperaments." So have others, but no one has yet fully sized up this big thing.

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## THE HOMŒOPATH'S TRINITY.

### How to Use the Repertory.

By Glen I. Bidwell, Rochester, N. Y.

There are three things which merit the most careful consideration of the homœopathic practitioner—the taking of the case, the selection of the remedy and the administration of the remedy. The relation of these three steps are so closely intermingled, the one with the other, and the results of the one so dependent upon the care and accuracy with which the preceding steps have been taken, that I have presumed to call them the "Homœopath's Trinity." This paper was first written to demonstrate the repertory analysis of a case to find the indicated remedy, but when it had been given several times I found the physicians so lacking in homœopathic philosophy and so anxious to hear about the same that I have incorporated a brief outline of the philosophy of Hahnemann that has to do with the first and second angles of our Trinity.

### Taking the Case.

Let us consider a moment the first division—that of taking the case. If we hope to attain even the smallest degree of success in the curative action of our remedies we must observe this first step closely and follow the instructions in the *Organon* (Sec. 83-104) carefully. If our case is indifferently taken or the wrong symptoms recorded we surely cannot proceed with the second step. No matter what process we take to arrive at the remedy, unless we have our case well taken we shall only have failure for our pains. Let us consider this most important step. What does it mean to take the case? I hear many answers to this: that everyone knows how to take the case, as it is simply

a matter of recording the symptoms found in your patient. True, but what symptoms are you to look for and which are you to record? I will say with the utmost belief that there is not one man in one hundred practicing Homœopathy today who knows how to take a case properly. You may think that this is a pretty strong statement, but from my experience I think if any error has been made it is that I have placed the number too high. Many times I have had cases sent to me for repertory analysis with page after page of symptoms found in this patient and out of this vast collection not one upon which a prescription could be hung, not one to differentiate this case from hundreds of others suffering from the same disease. There is the rub. There is the stumbling block. They all make a diagnosis and many of the cases sent to me would make fine text-book descriptions of the disease, but it is not the disease we want to make a record of; it is the individualized diseased patient. No man can make a homœopathic prescription from diagnostic or pathognomonic symptoms. The whole aim of the physician is to secure the language of nature. It is necessary to know sickness not from pathology, not from physical diagnosis, no matter how important these branches are, but by symptoms the language of nature.

In studying homœopathic philosophy as given in the *Organon*, the *Chronic Diseases* and Kent's *Lectures* we are struck by the fact that many of the main points are made emphatic by grouping of the ideas in groups of three, and it may not be out of place to review them briefly.

Looking at the first two sections of the *Organon* we find the three injunctions—to cure promptly, mildly and permanently. Thus Hahnemann states the highest ideal of a cure which is the rapid, gentle and permanent restoration of health or removal of disease in its whole extent in the shortest, most reliable and harmless way. Let us consider what we mean by a cure. The physician who has not been trained in homœopathic philosophy answers that a cure consists of the disappearance of the pathological state. Does it? We believe not. For instance, does the removal of hæmorrhoids constitute a cure of the patient? If so, why do so large a percentage of operated cases return? Does the removal of the carcinomatous breast cure the patient? If so, why do they return so frequently? Does the removal of erup-

tions on the skin constitute a cure? If so, why are they followed by various internal disorders which local measures fail to relieve? No these are not cures. They are simply the removal of the visible symptom and one symptom does not make a picture of the diseased patient. We must go back of this manifest symptom to the totality of this patient's symptoms and take these into consideration when making our prescription, and restore to health by removing these symptoms; then the external manifestations will disappear. There must always be an inward improvement when an external symptom has been made to disappear. If the removal of symptoms is not followed by restoration to health it cannot be called a cure. In Sec. 70 we find the following: "All that a physician may regard as curable in diseases consists entirely in the complaints of the patient and the morbid changes of his health perceptible to the senses; that is to say, it consists entirely in the totality of symptoms through which the disease expresses its demand for the appropriate remedy; while, on the other hand, every fictitious or obscure internal cause and condition, or imaginary material, morbid matter are not objects of treatment."

### **Three Directions of Cure.**

Another question that arises is: How can we demonstrate that we have cured and how may we know that our remedy is acting curatively? This leads us to consider the *three directions of cure*. We find that in order to produce a permanent cure symptoms must disappear from above downward—from within outward, and in the reverse order of their coming. All homœopaths who understand the art know that in order for the cure to be permanent the symptoms must go away in these directions. It is these directions that we must keep in mind when we treat an eruption on the skin, and see that the symptoms do not leave the skin and go to the brain, for if such a course is taken we know a mistake has been made, and if something is not done to make the symptoms take a proper course and go from the brain (center) to the skin (circumference) we are going to have a death certificate to fill out. Then when we treat a case of endocarditis, and after the administration of the remedy we observe a rheumatic swelling of the knee or ankle, and the patient will tell you, "This is the same sickness I had when



Dr. So-and-So treated me for rheumatism before this heart trouble came on," you can be sure when this happens that you will make a cure, for the direction the symptoms have taken is according to the law, the symptoms have left the internals and have gone to the external parts, and if we leave the prescription alone a cure will result.

In section 3 we have Hahnemann's statement of the three precautions, or those which I have called the "Trinity." He must perceive what is curable in disease—what is curative in medicine—the application of the last to the first. And I can do no better than to quote section three of the Organon "The physician should distinctly understand the following conditions: What is curable in diseases in general, and in each individual case in particular; that is, the recognition of disease (*indictio*). He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that a case is met by a remedy well matched with regard to its kind of action (*selection of the remedy indicatum*), its necessary preparation and quantity, and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing."

The translator has here used the word "perceive," which means we must understand. We may see a thing and not comprehend it; if we perceive a thing we must understand it. Here it is that our pathology and diagnosis will help us. We know when we perceive structural changes in tissues which have resulted in organic destruction that it is beyond the realm of man's knowledge to cure. In these cases the only thing we can do is to palliate the symptoms; but how much more gently and surely we can do this with our remedy than can be done by opiates, etc. If there is any one thing that should convert a family to Homœopathy it is to see the agonies of a relative or friend relieved so they will still retain their mental faculties until the last.

Who of us that have observed *Arsenicum* remove the fear of death and the mental agonies of the last hours that has not raised a silent prayer to our Maker for intrusting us with such a blessing for suffering humanity.

: We must understand what is curative in medicine. How are we to do this? In section 21 we find: "It is possible only to recognize the power of drugs to produce distinct changes in the state of feeling of the human body, particularly the healthy human body, and to excite numerous definite morbid symptoms in and about the same, and it follows that if drugs act as curative remedies they exercise this curative power only by virtue of their faculty of altering bodily feelings through the production of peculiar symptoms. Consequently those morbid disturbances, called forth by drugs in the healthy body, must be accepted as the only possible revelation of their inherent curative power." In this age of isopathy and serum therapy many are being led away by this will-o'-the-wisp of allopathic teaching. One day we see a new serum or new bacterin or new vaccine; the next day some one comes along with something to remove the dangerous effects produced by their administration. These will go the way of all previous specifics and cure-alls advanced by the old school on experimental laboratory findings. Why is it their remedies come and go with almost the rapidity of a June frost? Simply because they are not based on a law. Where can we find anything in medicine that has had the lasting powers of the remedies proven by Hahnemann more than a century ago? They are still being used for the same symptoms and with the same success as when first given the profession. Let the old school perceive what is curative in their medicine according to the methods of Hahnemann instead of laboratory experiments, and they will have something lasting and of value. The application of the remedy to the symptoms will be taken up fully under the repertory analysis of the individualized symptom picture, later in the paper.

### **The Three Miasms.**

The three chronic miasms are the next of the ideas we will consider. In sections 78-80 we find mentioned the three chronic miasms of Hahnemann. They are Psora, Syphilis and Sycosis. Here it is stated that if any of these three miasms is left to

itself it will only become extinct with life itself. Surely with this statement no sane physician would deny the chronicity of any of these miasms. It is in his chronic diseases that Hahnemann tells us more fully concerning these miasms. For eleven years he observed and studied with the tenacity, concentration and ability for which his German habits and great mind so well fitted him, before he brought forth the theories of the miasms. While there has been much written against and a great deal of ridicule cast upon his theory of the psoric miasm, those who have followed his teachings closely believe in them, and from the knowledge thus gained have been able to secure results in chronic work which far surpass that shown by those who do not believe and who cast ridicule. Whether the psoric miasm has been the result of suppressed itch or not, and be that as it may, do not waste your time in trying to throw it into disrepute, but when you have a case that will not react to the apparently indicated remedy, look well through your case and see if you cannot discern one of the miasms. Ofttimes you will find traces and then the administration of the indicated anti-psoric will cause a reaction which will lead to a cure.

In the dynamic, spirit-like, vital force, we find the three parallels of Hahnemann. Here we again find that far-reaching, clear sightedness and concise expression of Hahnemann's logic. Where have we since the writing of the *Organon* found anything which expresses that condition or being which controls and holds in harmony our life forces. Many of our physiologists and embryologists have given us theories concerning this condition but do the phagocyte theory or the opsonic theory with their variations give us anything better than Hahnemann's description? In section 11 we find: "This vital force alone animating the organism in the state of sickness and of health imparts the faculty of feeling, and controls the function of life." Section 12: "Diseases are produced only by the morbidly disturbed vital force."

When first trying to master Homœopathy, after a perverted viewpoint gained in an old school college, this vital force was one of the hardest things for me to comprehend. In discussions raised from my standpoint as a pathologist and bacteriologist I would always chase my opponents to this stone wall, vital force,

where they would nimbly hop over and intrench themselves behind this barrier, and I could only hurl my arguments against this wall and never dislodge them. In the light of advanced findings of our bacteriological laboratories I am inclined to believe that some of us carry this a little too far. While all fair minded physicians will admit that the predisposing cause of all diseases is the derangement of the vital force, I do not think we can deny that there has been proved beyond doubt that in the exciting cause of some diseases, at least, there is a bacteriological factor, and while we must admit that the ground must be made fallow by this deranged vital force in order for these minute vegetable organisms to produce their diseased condition, we must not pass over the fact that with this predisposing cause present the pathogenic bacteria are the exciting cause of many diseases.

In section 83 Hahnemann gives us the three requirements or three qualifications necessary before we can properly examine a case. These are unbiased judgment and sound sense, attentive observation and fidelity in noting down the image of the disease. In the following paragraphs he further brings out these points by telling us that we must see, hear and observe. We must enter upon the work of taking our case with unbiased judgment and sound sense. This is the hardest requirement for all of us to follow, and one which we all must guard against. How often it happens as we are listening to the symptoms of a case the picture of a remedy comes to mind, and if we do not use sound sense we are biased in favor of this remedy, and we do not question further and bring out the whole picture of the diseased patient. Then, again, we may have had unbiased judgment until the case has been fully taken and then lose our sound sense of reasoning by saying such and such a case was like this and a certain remedy cured, therefore, "I will give that remedy without further investigation." Then, again, in younger men comes the desire to produce results quickly. They want to make a reputation to give relief from the pain at once, and so they give something of an opiate to deaden the pain, or they give some application to relieve the itching, or to dry up an eruption, although their sound sense tells them that a cure can never be made in this manner; and so in many ways must we use our sound sense and unbiased judgment.

### Let the Patient Talk.

The next most important requirement is attentive observation. If we hope to arrive at the truth we must not only be attentive to what the patient tells us, and to what the nurse or family may impart, but we must observe closely the appearance of the patient himself. Ofttimes the symptom which will lead us to the remedy will be one which we may get by observation. The way the patient lies, sits, walks, talks, conducts himself generally, the appearance of discharges, the color of the eyes, hair, tongue, skin, etc., all have their place, and are of the greatest importance in our record. Upon your powers of observation will depend not only the first image of your case but also your success in conducting the case after the first prescription has been made. The last group of three relating to the taking of the case will be the three mistakes made in examining the case, interruption of patient, asking direct questions and making answers conform to some remedy we may have in mind. A thing of the greatest importance in securing an image of a sickness is to preserve in the simplest form what the patient tells you. Let them tell it in their own language, and unless they digress too much from the subject do not interrupt them, for by so doing you may lose a line of thought and not be able to get them back to it again. Then do not ask direct questions. You must never put answers into your patients' mouths. You need to know all these particulars but without asking about it directly. Nine times out of ten the answer to a direct question will be "yes" or "no;" such answers are without value and should not be included in the record. Questions which give a choice of answers are also defective. Making answers conform to some remedy we may have in mind. A patient comes in, tells us a few symptoms; we immediately think of a remedy and begin to ask questions, and see if we cannot get enough evidence to convict him of *Belladonna*, *Arsenicum* or whatever it may be. It is surprising how well we can make the patient give us the symptoms we are looking for, as well as how little evidence it takes for some of us to make the conviction and give the remedy. We are more apt to blunder along this line if we do not write out our cases. The mere writing of the symptoms helps up to keep cool and not pass hasty judgment.



### **The Second Angle. How to Find the Remedy.**

- Having thus far outlined, in a brief way, the homœopathic philosophy of the first division of our Trinity we will pass to the second angle, that of finding the homœopathically indicated remedy.

We believe that Homœopathy is applicable to every curable case; the great thing is to know how to find and apply it.

If we had nothing but the mass of symptoms as recorded in the materia medica to help us in the search for the single remedy which would cover the totality of a complicated chronic case, it would indeed be a gigantic task, and the excuse of many practitioners that they do not have the time to practice straight Homœopathy would be feasible; but we have in the repertory a valuable help along this line, so with little practice and study the remedy may be found with amazing rapidity.

That the technique of surgery is wonderful in its results when carefully applied in its proper sphere is admitted by all physicians; that there is an equally wonderful technique of scientific Homœopathy must also be conceded or the reason for our being, as homœopaths, ceases to exist. That the science of Homœopathy is exact when applied by the use of the repertory has been proved many times, and it will be my object today not only to demonstrate this truth, but to try and give you an insight into the methods used, so that you may obtain accurate scientific results easily and rapidly.

There are several complete repertories now published and the use of any one of them will be of untold aid in finding the right remedy. When one has become familiar with their arrangement all the time that is really consumed is in the taking of the case.

When you have decided on the repertory you wish to use confine yourself to that one and completely master its arrangement, for the most rapid work and the best results can only be obtained by the close study and working knowledge of one. Personally, I can do the best and most rapid work with Kent's great work and my demonstrations today will be taken from Kent's *Repertory*. Before trying to use the repertory in your work read the headings of the general rubrics from beginning to end and thus familiarize yourself with the arrangement of the work, so that no time will be lost in looking for your symptoms. Only by this and constant use can the repertory be a companion and helper.

### From Generals to Particulars.

Just a word concerning the arrangement of Kent's work. It has been planned to work from the generals to particulars, and in carrying out this plan the aim is to give first of all a general rubric containing all the remedies which have produced this symptom, followed by the particulars, viz., the time of occurrence, the circumstances and last the extensions. Now why do we work from generals to particulars? If a case is worked out merely from particulars it is more than probable that the remedy will not be seen and frequent failure will result. This is due to the fact that the particular directions in which the remedies in the general rubric tend have not been observed, and thus to depend upon a small group of remedies relating to some particular symptom is to shut out the other remedies which may have that symptom, although not yet observed. By working the other way, from the generals to the particulars, the general rubric will include all the remedies that are related to the symptom. Before we can make any suitable homœopathic prescription we must take our case properly; this is true if we use a repertory or not, but is of the greatest importance if the repertory is to be used. Hahnemann gives clear and concise instructions for the taking of the case in the *Organon*, sections 83-104. Write out all the mental symptoms and all the symptoms and conditions pertaining to the patient himself, and search the repertory for the symptoms that correspond to these. Then individualize the case still farther by using the particular symptoms relating to the organs, sensations and functions, always giving an important place to the time of occurrence of every symptom. In this way we will have before us an individualized symptom-picture, not of the disease we wish to treat, but of the diseased patient we desire to cure. This individualization of the symptom-picture and the knowing which symptoms to give the most attentions is the hardest part of the prescriber's armamentarium to acquire, and this process of logic, reasoning or whatever you may call it can only be obtained by study and application. The homœopathic physician must use discrimination, must individualize things dissimilar in one thing and yet similar in other ways. This is done by the generals, for without the generals of a case no man can practice Homœopathy; without these he will not be able to individualize and see distinc-

tions. After gathering all the particulars of the case one strong general rules out one remedy and rules in another. If you know your materia medica you will at once see how to get the generals and this will enable you to distinguish the remedy best adapted to the constitution when two or more remedies have one symptom in an equal degree. Then again a patient may bring out particular symptoms so strange that they have never been observed in the remedy; but if we have the generals it will not only relieve that symptom, but cure your case.

Remember this great truth, that the totality of the symptoms as represented in the symptom-picture of the prescriber will be an entirely different picture than that made by the surgeon, diagnostician or pathologist. No man who can only understand the morbid anatomy and pathognomonic symptoms can make a homœopathic prescription. It is from this difference of the interpretation of the symptoms by the different specialists that the reporting of cases cured by the prescriber causes so much dissatisfaction. They want to know the exact pathological condition of each organ that produced the symptoms which were removed by the remedy, while the disease itself is only of benefit to the prescriber in helping him to select his grades of symptoms.

After we have our individualized symptom-picture before us we are ready to prepare the picture for repertory analysis. In order to analyze our case with rapidity we must go about it logically; we must have a starting place and a place to end. The start is made with the generals, and the particulars end it. Just a word about the value of symptoms. Looking to Kent we find that he uses three classes—generals, particulars and common, and in his repertory he divides each into three grades—first, second and third. The generals and particulars, you must remember, have the greatest importance in our prescription.

Let us stop a moment and see what explanation he gives of these classifications. Looking to his *Lectures on Homœopathic Philosophy* we find:

“As general symptoms he includes all things that are predicated of the patient himself. Things that modify all parts of the organism are those that relate to the general state; the more they relate to internals that involve the whole man the more they become general. Many common symptoms may run into gen-

erals and particulars. Things that relate to the ego are always general. The patient says doctor I am so thirsty; I burn so; I am so cold, etc.; the things he says he feels are always general. His desires and aversions are general; menstruation is general, for when a woman says I feel so and so during menses she has no reference to her uterus or ovaries; her state as a rule is different when she is menstruating. The generals may be made up of the particulars, for after we have examined a lot of particulars we find certain symptoms running through them that are general."

### **Particular and Common Symptoms.**

The generals always rule out the particulars. Under the particular symptoms we find:

"The symptoms that are predicated of a given organ are things in particular. The symptoms that cannot be explained are often very peculiar. The more they relate to the anatomy of a part the more external they are; the more they relate to tissues the more liable they are to be particular, although many symptoms of regions are both common and particular. Symptoms are on a more or less sliding scale. What is peculiar in one remedy may be in no degree peculiar in another; for instance, it would not be peculiar to have a fever patient thirsty. It is a common thing for them to want to drink, but it would be peculiar to have a patient without fever or chilly who wanted to drink all the time, as we find in some chronic cases."

Under common symptoms we find: "All those which are common to both the drug and disease. That which is pathognomonic is always common. For instance, if we had a pleurisy it would be a common thing to want to keep the chest wall quiet and you would get the symptom worse from motion, one of the keynotes of *Bryonia*; but if there were no other symptoms of *Bryonia* present we could not make a prescription on that rubric alone. Again, if we had an abscess it would be a common thing for it to be sensitive, and if pus was forming we would have throbbing pains and redness, but *Belladonna* could not be given on these common symptoms if there were no other *Belladonna* symptoms present. You can readily see how the common symptoms have no place in our repertory work. You need not bother with the common symptoms, for when you have worked your case out

from the generals and particulars turn to your *materia medica* and you will find the remedy will contain most of the common symptoms."

The grades of the drug symptoms are designated in the repertory by the use of different-sized type. Kent uses three grades, Boenninghausen had four, but this fourth grade is included in those of the third under Kent's classification. Now what reasons can we give for making this distinction in the drug symptoms and placing one in the first grade by using capitals and heavy-faced type; under the second grade by using italics and under the third grade by using small letters? Under the first grade are included all those symptoms which were brought out in every prover and that have since been verified. Under the second grade those symptoms which were brought out in the majority of provers and have since been verified, and under the third grade those symptoms which only a few of the provers developed, those symptoms which are clinical and which have since been verified.

### **Repertory Analysis, Dosage and Repetition.**

After the longest and most difficult part of your task, that of individualizing your symptoms, has been completed the remaining portion, that of selecting your remedy with the repertory, is quickly done and is a simple mathematical proposition. Like all other mathematical problems we must start with the right premises and follow certain maxims in order to arrive at the correct solution. Thus if the logic of our symptom-analysis be correct, if the technique of selection be without a flaw, the choice of the remedy must be mathematically certain.

Before giving the demonstrations of the repertory analysis I wish to say a few words concerning the administration of the remedy after we have found the one which covers our individualized symptom-picture. One of the most difficult things to comprehend is when to repeat the dose. You will find as a general thing in acute cases that if a slight aggravation of the symptoms comes in a short time you will not think of giving another dose, for your patient will get along better without more medicine; but there are conditions when it is necessary to repeat the dose. For this there is no clear-cut rule that can be laid down, and it is a very difficult thing to teach and to understand; rather it can



only come by experience and by using your powers of observation. The safe rule to follow is never repeat the dose after reaction begins. If more than one dose is necessary repeat the dose until there is an improvement and then stop; more doses would only retard the cure. When reaction is taking place never repeat the remedy; when reaction ceases or improvement stops the remedy may be repeated. Many good homœopathic prescriptions are spoiled by too oft-repeated doses of the right remedy. We are often treating the effects of too many doses of the remedy when we think we are treating the disease. I do not like to bring the question of potency before this society, but there is one thing I wish to emphasize; that is, when the dilution of the right remedy will only carry your case part way to health, and you are sure you have the right remedy, increase the strength of the remedy rather than change to another unsuitable one. In this way you will find your cases being carried on to a complete cure.

This third step of our Trinity is of equal importance with the first two, for no matter how well you have done the first and second parts of your task all your efforts can be spoiled by the wrong administration of the remedy.

When we have given our remedy on the above formula we may expect certain things to happen. In all curable cases we will expect a cure to take place or at least to be started. We may know that this cure is taking place by certain signs of nature which are given to us in the symptoms of the patient, and the way these signs or symptoms disappear will tell us if we are going to make a cure. If we are to cure the symptoms must disappear from above downward, from within outward and in the reverse order in which they came.

From the study of the *Organon*, and the *Chronic Diseases*, we learn that there are certain other things that we may expect after the prescription has been made. Kent gives these observations as eleven in number. I will simply give them without further comment, as an explanation may be found in Kent's *Lectures on Homœopathic Philosophy*, or in a paper on the subject by myself, published in a late number of the *North American Journal of Homœopathy*.

The observations are as follows:

"1st. A rapid cure will take place with no aggravations of symptoms.

- 2d. The aggravation will be rapid, short and strong, and is followed by rapid improvement of the patient.
- 3d. A long aggravation with final and slow improvement of patient.
- 4th. A long aggravation with final decline of patient.
- 5th. Full time amelioration of symptoms with no special relief of patient.
- 6th. Amelioration comes first and aggravation comes afterward.
- 7th. Too short relief of symptoms.
- 8th. Old symptoms are seen to appear.
- 9th. New symptoms appearing after the remedy is given.
- 10th. Patients who prove every remedy given.
- 11th. That symptoms take the wrong direction."

The first case that I will give will show you how not to use the repertory. This method of trying to find a remedy which will cover every symptom of the patient is the one most of us try to use, and it is one that is not only discouraging, from the fact that it takes so much time, but as well from the fact that many times the repertory will not give the particular rubric for which you may be looking. I selected this case for the reason that each of the symptoms can be found in the repertory and that one remedy covers them all.

### **Cases Illustrating Repertory Work.**

CASE I.—Mrs. H. S. came to me 2-12-07 with the following symptoms which I will give in her own language: "I am so nervous; am afraid I shall kill some of my people, as I go all to pieces and can't control myself. Thinking about killing, I dream of killing my little girl. If I do not get better soon I shall commit murder. Every afternoon I have pain over my eyes as if burned. Can't read at night, as there are sharp pains going through my eyes; if I persist in reading dark points appear on the page so I cannot see the print. Hungry most of the time; in morning when I waken there is burning pain in my stomach which grows worse until I get up, when it goes away. Always have to take pills to move my bowels; before they move there is a sharp cutting pain in the rectum and many times the bowels come out while at stool. If I drink beer will have piles for two or three days. My menses have been too often since my last child, three years ago, and for a week before I am sick have

whites each morning, which are much worse while walking. There is not much flow, and it only lasts two or three days and smells sour as vinegar. Can't sew for past month, as there are stitching pains in the back of my neck when bending my head forward. Feet cold as ice every afternoon and the cramps in my calves keep me awake nearly all night. Do not shop, as I feel so badly when I have to stand long."

Repertory Analysis: Fear of killing people—Abies, Ars. a., Nux v., Rhus t., Sulph.

Dreams of committing murder—Rhus t., Sulph.

Burning pains over the eyes, worse afternoon—Sulph.

Sharp shooting pains at night, on reading—Phyto., Sulph.

Followed by dark points—Con., Sulph.

Burning pains in stomach on waking, better rising—Sulph.

Cutting pain in rectum before stool—Asar., Sep., Sulph.

Prolapsus recti during stool—Ign., Lyc., Podo., Rhus t., Sulph.

Leucorrhœa mornings, worse walking—Nat. m., Bov., Sarsa., Sep., Sulph.

Menses scanty, short duration—Amm. c., Lach., Puls., Sulph.

Menses smell sour—Carbo v., Sulph.

Stitching pain in neck from bending head forward—Sulph.

Feet cold afternoon—Nux v., Sulph.

Cramps in calves while in bed—Ars. a., Caust., Ign., Sulph.

Worse standing—Con., Cycl., Lil. t., Puls., Sep., Sulph., Valer.

Here we see that *Sulphur* covers each symptom, but with a good knowledge of the arrangement of the repertory it took me some time to get this result. Now to demonstrate how much more rapidly we can arrive at the same results by working from the generals to particulars, we will start with a general rubric:

Menses scanty, short duration.—We find the following nineteen remedies that have this symptom in the first and second grades: Alum., Am. c., Asaf., Bar. c., Cocc., Dulc., Graph., Lach., Mang., Merc., Nat. m., Nux v., Phos., Plat., Puls., Sepia, Sulph., Thuja.

Now among this group of nineteen remedies will be found one which will cover the totality of our case. If we were to give a remedy upon this one symptom alone we might give any of the above, for they all have this condition in an equal degree; but if we did not give the right one we should not cure the case. We

must individualize our case still farther, so we will use another general:

Worse standing.—In consulting the repertory we find that of the first nineteen there are only the following seven which have this symptom in the first or second grade: Con., Cocc., Phos., Plat., Puls., Sep., Sulph.

But still we have seven remedies, any one of which may be the remedy so far, and we must individualize still further by another symptom. We will take the general, better in open air. Here we find that we have only four remedies of our previous group which have this symptom in the first and second grade—Con., Phos., Puls., Sulph.

We have now worked our list down to four remedies and we will individualize again by taking another general, fear of committing murder. This gives us *Sulphur*, the only remedy which covers all of the symptoms we have taken so far. Now if the logic of our reasoning be correct, if the technique of selection be without a flaw, *Sulphur* must be the mathematically correct remedy, and reference to the pathogenesis of the remedy shows that *Sulphur* not only covers these four symptoms we have used, but it also contains all the other particular and common symptoms of the case. The proof of the pudding is in the eating, so we will turn to our record and we find that patient was discharged 7-7-07. That all symptoms had disappeared, bowels move naturally. Says she never felt better in her life.

CASE 2.—Boy, age 14; epileptic attacks for three years. First attack followed fright caused by other boys make believe to hang him. Attacks increasing in frequency until at this time they occur every two weeks. The following symptoms were given: Attacks begin by running around in circle, then falls down unconscious. Attacks are more frequent in cold dry weather and during new moon. Involuntary urination during the attack. Boy complains of always being cold; wants to keep warm both summer and winter. He is very touchy; everything makes him cry; seems depressed all the time. Appetite either ravenous or wanting. Aversion to all kinds of sweets, of which he was previously very fond.

Repertory Analysis.—Under complaints caused by fright we find thirty-six remedies. Of these the following twenty-one have

the symptoms on the first and second grade: Acon., Apis., Arg., n., Art. v., Aur., Bell., Caust., Coff., Cupr., Gels., Glon., Hyos., Ign., Lach., Lyc., Nat. m., Nux v., Op., Plat., Puls., Rhus t.

Sadness and depressed—Acon., Arg. n., Aur., Bell., Caust., Gels., Ign., Lach., Nat. m., Plat., Puls.

Worse cold dry weather—Acon., Caust.

Aversion to sweets—Causticum.

We have arrived at the solution of the case by four steps and have used all general symptoms. Now you may ask, why did we start with the rubric complaints caused by fright? First: This is a general symptom and we are working from the generals to particulars. Second: This condition was caused in this boy by fright. This mental shock was so profound that it caused the whole condition of this patient to be changed. It not only produced the epileptic seizure, but affected his desires as well. Now if we take this cause and general symptom some one of the remedies found under this rubric will be the one which will cover the totality of the case. The second symptom we will take is another general—sadness and depression. We take this rubric from the fact that it is a mental condition produced by a derangement of the patient's most internal condition, the mind. Now if we hope to cure this case we must have a remedy which has produced this symptom in the provers, so among our first twenty-one we find eleven with this symptom in the first and second grade. Another general condition is the modality that the attacks are worse in cold dry weather. Among the eleven remedies found in the first two rubrics we find only two which are worse in cold dry weather. In order to decide which of these two will cover our case we will take the general aversion to sweets. Here we find that *Causticum* is the only remedy which covers our rubrics. If our reasoning has been correct, if the technique of selection is without a flaw, *Causticum* must be the mathematically correct remedy, and turning to our materia medica we find that the pathogenesis of *Causticum* not only contains the rubrics we have used in our analysis, but the remaining symptoms of our case as well. Therefore *Causticum* is the remedy we will give. Our records show that two doses of this remedy were administered with the following results: The attacks lessened during the first month to one; the second attack, a very slight one, did not follow



for seven weeks, and now, after an interval of a year and a half, there has been no sign of a return, so we may safely say the boy is cured.

CASE 3.—Mrs. A. S., æt. 28; married four years; menses have always been irregular, but during the first year of married life were more regular but always profuse. The third year married gave birth to a seven-pound child; labor normal, no lacerations. Since labor has never been well; the menses would appear every two weeks; then every five or six weeks, with no regularity. The flow would be profuse and weakening. Had had curettages and various treatments without any relief. The condition of patient at the time of first prescription was as follows: Menses irregular and profuse; great weakness when walking; the walk from the car to office completely exhausted her. Cannot sleep; what sleep she gets is unrefreshing. No appetite; does not want to think of eating. Craves beer, of which she had never tasted but once, and then it was repulsive. Sweats easily: is in a perspiration most of the time and has to be very careful about getting in a draft, as when she becomes chilly she is nauseated.

Repertory Analysis: Menses irregular and profuse—*Apis*, *Arg. n.*, *Art. v.*, *Benz. ac.*, *Calc. c.*, *Carb. ac.*, *Caust.*, *Cimi.*, *Cocc.*, *Con.*, *Dig.*, *Ign.*, *Iod.*, *Ip.*, *Iris*, *Kreos.*, *Lyc.*, *Murex*, *Nux v.*, *Nux m.*, *Secale*, *Sepia*, *Staph.*, *Sulph.*, *Tuberc.*

Worse from warmth—*Arg. n.*, *Calc. c.*, *Cocc.*, *Con.*, *Ign.*, *Iod.*, *Ip.*, *Lyc.*, *Nux m.*, *Sulph.*

Extreme weakness when walking—*Calc. c.*, *Cocc.*, *Con.*, *Iod.*, *Lyc.*, *Nux m.*, *Sulph.*

Great desire for beer—*Calc.*, *Cocc.*, *Sulph.*

Nauseated when chilly—*Cocculus*.

Just a word in explanation of our selection of the rubrics in this case. Why did we start with the symptom, menses irregular and profuse? In the first place, it is a general symptom; then it is the symptom above all others that has proved the change in the patient's general condition; if we expect to cure this case we must have a remedy that has in its symptomatology this condition. On the other hand, if we took any of the remedies we find in the first and second grades under this rubric we would have a remedy for this local condition that so many and various lines of treatments had been used upon with no results; so not only must

we take this symptom, but must take the other symptoms, which make this case of irregular and profuse menses different from every other case of the same condition; in other words, that makes of it an individual case. Therefore we proceed with the other symptoms. A word about our fourth rubric—great desire for beer. Ordinarily this symptom would be of little value, but here we find a patient that before she was affected with this change of internal conditions did not like beer; in fact, she had never tasted it but once and then it was repulsive to her, but now she is sick; some change in her desires has produced a condition of her economy whereby she has a craving for beer. Now the condition has changed and a symptom which in other cases would be of little or no value deserves a prominent place in our record analysis. This case also has another peculiarity, in that if the keynote prescribers had been working at it they might have reached a correct solution, for in this case we find that the particular symptom, nauseated when chilly, is found under only one remedy, *Cocculus*. The results of our selection of *Cocculus* in this case were justified, for the case was cured. The menses became regular and normal; the weakness disappeared; the craving for beer vanished; the excessive perspiration and nausea left, until after four months she was discharged, stating that she never felt so well in her life.

There are some cases where we cannot individualize closely enough to work our case down to less than two or three remedies. When this occurs we take that remedy which has the symptoms in the highest grade and if the pathogenesis of the drug justifies we give that. To illustrate, I will give the analysis of a case without the history.

Menses copious and dark—Am. c., Am. m., Ant. c., Ars. a., BELL., Bism., Bov., Bry., Calc. c., Calc. p., Carbo a., CHAM., China, Cimic., Cocc., CROC., Cycl., Ferr., Graph., Ign., Kali n., Kreos., Lach., Lil. t., Mag. c., Nit. ac., NUX M., Nux v., Phos. ac., PLAT., PULS., Sabin., Sec., Sep., Sulph.

Worse riding in a wagon—COCC., Ign., Nux m., SEPIA, Sulph.

Worse before menses—Nux m., SEPIA, SULPH.

Aversion to milk—Sepia, Sulph.

Sadness in evening—SEPIA, Sulph.

Vertigo looking down—Sepia, SULPH.

Here we find by giving a numerical value of two to those of the first grade and of one to the second grade that we have *Sepia* having a value of nine and *Sulphur* a value of eight.

In closing the cases for analysis I wish to conclude with the following case to illustrate two points: 1st. That, as regards our prescription, diagnosis has little or nothing to do. 2d. That if we could all forget our diagnosis while taking our case for a prescription we should all be able to do better work. This case will be given as taken by a young lady who had never studied medicine; in fact, all she knew concerning that subject was that when she or her friends were sick she wanted a homœopathic remedy to make them well. I have never seen this case personally, but know she is well from reports that I have received through the mail.

Mrs. H. C., æt. 42; widow. Has eruption on legs, which burns and itches, and is worse from warmth of bed. She cannot keep her legs quiet at night. Is worse from warmth of stove, which causes creeping sensation over whole body. Feet are icy cold during day, but soles burn at night in bed. Lameness of left shoulder, which has lasted since rheumatism four years ago; this is worse when lying on it. The hands go to sleep and feel numb, more especially the left one. The wrist pains as if sprained when awakening. All pains are of burning character and change locality often and suddenly.

Sometimes there are small ulcers on inner side of left thigh, from which there is a thin offensive discharge; walking will cause them to smart, become red and puffy. Stiffness in small of back on bending or beginning to move. The pains go down the thigh. She has a dry cough, which is worse after sleep and is caused by a tickling in the throat. This cough has always come the last of March or the first of April and would last until real hot weather has come; with this cough she is quite hoarse and has sensation of lump in the throat. Menstruation is dark and scanty and offensive; has not been regular since last child, twelve years ago; she says all her aches and pains are better during her flow, and she never feels so well as when flowing good, although it is sometimes accompanied by a painful diarrhœa. At other times she is always constipated; has to go to closet and try several times before she has stool. There is sensation of weight and pressure in

bowels with much rumbling of gas. Abdomen is sensitive in the morning on awakening. Complains of burning, stitching pains in left ovary when constipated. Appetite one time is good, then she may have none at all. She says she cannot get enough to drink; has constant thirst and drinks a great deal of coffee. The mouth and tongue are dry; has feeling as if the skin was peeling from the roof of mouth. Sour taste in mouth all the time; tongue cracked, brown center and red tip.

Does not sleep well; has hard work to get to sleep before midnight, and then she wakens frequently with shock in pit of the stomach and a tight suffocating feeling in the chest. Lately she has complained that her heart feels too large for her chest when she walks fast. This oppressive pain is sometimes relieved by belching. For past few weeks face and lips are bluish; has flushes of heat, but only one cheek gets red; the other is pale. For last year her hearing has been failing; she complains of a noise like a tea kettle boiling. There has been scarcely any wax, and what there was would be hard and white. Riding in the cold has always given her earache. She fears to go to bed during this last attack, as she thinks she may die, and she says she dreads to die so much.

There has always been more or less headache, at different times, but the one which has been the most troublesome is one that begins on the right side of head and goes through to the left until it aches all around. With this there is a drawing in the back of neck and burning pains back of the eyes; some dizziness with sensation as if she were going to fall to the left side. She has an irritable disposition and everything seems to be worse in the morning when she awakens.

Now what is the diagnosis in this case? I do not know. Have never made one. We do not care about the diagnosis, as it is not a disease we wish to treat, but rather this sick woman we are going to try and cure. We have a well-taken case, and from this mass of symptoms we must select some that will individualize this case and make it different from all others. Let us look at the record and see which symptoms we will select for our repertory analysis. We find the following general symptoms: Worse after sleep, thirsty, burning pains, left side and better during flow. Making a repertory analysis of these we find under

Worse after sleep—Acon., Apis. Arn., Ars., Camp., Carb. s., Carb. v., Caust., Chel., Cocc., Con., Euphr., Ferr., Hep., LACH., Lyc., Op., Phos. ac., Puls., Rheum, Sabad., SEL., Sep., Spong., Staph., STRAM., SULPH., Verat.

Thirsty—ACON., Arn., ARS., Camp., Carb. v., Chel., Cocc., Con., Hep., Lach., OP., PHOS., STRAM., Sulph.

Burning pains—Acon., Arn., ARS., Carb. v., Con., Lach., Op., PHOS., SULPH.

Left side—Arn., LACH., PHOS., SULPH.

Relieved during flow—LACHESIS.

Here you see we have worked our long case down to one remedy with five rubrics. We will now turn to the pathogenesis of *Lachesis* and see if our selection has been justified. In the Guiding Symptoms we find under *Lachesis* not only the five symptoms we have used, but also each and every one of the other symptoms; so this remedy must be homœopathic to the case.

*Lachesis*, two powders, was sent with the following results: For thirty-six hours after the administration there was an aggravation of all the symptoms, which was followed by rapid improvement that has continued ever since until the last report, when she wrote that every symptom had disappeared and that she felt as well as she had ever been in her life.

In closing my paper I wish to make a plea for the giving to our students a more thorough ground-work in the principles of Homœopathy and homœopathic philosophy. We turn men from our colleges with a smattering of materia medica and with no idea of how to use this knowledge according to the law. This is neither fair to the student nor to Homœopathy, for failure will follow the work of such men; if the poor fellow wishes to become a homœopath he must get his knowledge outside the college. You would not think of trying to turn out surgeons without a complete knowledge of anatomy and surgery; still you expect men to be homœopathic physicians without any knowledge of the ground-work of the science of homœopathic philosophy. Is it any wonder that in this age of therapeutic nihilism our men are as bewildered as those of the other school? There is only one way to practice Homœopathy and the only book that teaches this way is the *Organon* of Hahnemann. This book, written over a century ago, and with all the ridicule that has been cast



at it, no man has been able to add to it or to take any part of it away. Let us begin right with the close study of the *Organon* and follow its every precept. In this way results will be obtained far greater than you have been able to attain by slipshod unscientific procedures.

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## THE REPERTORY—A FRIEND INDEED!

By J. W. King, M. D., Bradford, Pa.

In the February issue of *The Homœopathic Recorder* Dr. J. Henry Hallock reports an interesting case. It is not only interesting from a repertorial viewpoint, but in other respects as well—such as general case study. In that way I have endeavored to treat it.

The subject is presented in the following order: General remarks on symptomatology; how to classify symptoms; how to use the repertory; when to use the materia medica; the repertory itself, and the potency question.

*General Remarks.*—"The physician's high and only mission is to restore the sick to health, to cure, as it is termed." All physicians strive to do this. Not all do it as Hahnemann meant it in the word "sick." Many fail with faulty technique. To restore to health requires the removal of the results of disease *plus* the removal of the sickness itself. The annihilation of symptoms only has often a string tied to it—"the *operation* was successful, but the patient died."

The prerequisites to the healing art demand the knowledge to clearly *perceive* the *inner nature* of the morbid changes produced, and likewise know how to remove these in toto—or the patient continues sick and may die. This knowledge is acquired from symptom study, and the removal of the morbidly affected vital force is effected with the remedy which in its "provings" on healthy persons has produced similar sickness. The *modus operandi* by these combined means will oust the sickness in its entire extent, and man is restored to health and remains well.

*Symptom Study.*—Man is sick in his whole organism—this must be examined to the uttermost. A partial symptomatology is insufficient on which to perceive an illness. Secure all symp-

toms, then begin comparisons, one with the other; expunge all symptoms not related to the patient. Pathological symptoms and ultimates do not relate to the patient. Symptoms must be sustained or confirmed. A dozen symptoms *seem* to indicate *Arsenic*. Heat puts this to the test. *Aggravated from heat* would rule out *Arsenic* every time. We must *individualize* symptoms and remedies—they must agree.

We *classify symptoms* as so-called diseases are classified. The nosological arrangement is brain and physical symptoms. These have many subdivisions. The symptom groups are mental, intellectual and memory disturbances, and the physical symptoms. Mental symptoms are first in importance and these consider emotions, loves, desires, anger, hatred, irritability, sadness, fears, etc. The intellectual symptoms, and those of the memory, consider the lesser affections of the brain, viz., confusion, delusions, imbecility, absentmindedness, etc. The physical symptoms deal with constitutional states; these consider how the patient is affected by heat, cold, motion, rest, touch, position, eating, in the sexual sphere, menstruation, etc. These symptoms are closely related to the patient himself; they go back to his *beginnings*—the mind of man. Mind is the master and body the servant of mind. From this point we must study his departure from health. Therapeutically, the "morbid changes in the brain must be the basis of the prescription." "From things prior to things ultimate" is the *order of life*. The deranged vital force through morbid influences from without makes man sick in his interiors. The disordered vital force is the *thing* which disturbs man in his *will* and *understanding*—these two constitute man. All life and activity of the body originate in that source, and all sickness in the body is traced to that source. *Restore* the *will* and the *understanding* (deceased) and man is *restored to health*.

We must study the effects of the deranged vital force, from first to last, in its entirety. "A single symptom is no more the disease itself than a foot can be taken for the entire body." It is erroneously regarded that we prescribe on single symptoms. We may be "symptom-chasers," but the selection of the remedy follows, *after* the chase! The prescription is based on the "totality of the symptoms." We do not prescribe *Aconite* for fevers, pneumonia, etc., unless the *Aconite* state is in evidence. Patho-

logical conditions never dictate the prescription; its utility is merely of prognostic interest. Neither do we bother ourselves with diagnosis for therapeutic purposes. We may well ignore this bit of medical lore. We do diagnose contagious or infectious disease and make that known for the public's welfare. But to be of the greatest use, as physicians, we must become expert at *remedy diagnosis*. The laws of pathology and the art of diagnosis are two subjects drilled into physicians through symptomatology; the signs (objective) and symptoms (subjective) of disease are rounded up, and this informs us of the individual case of sickness in hand. The symptoms pertaining to the patient himself will guide us, therapeutically, and those pertaining to the disease (morbid anatomy and diagnosis) will acquaint us with its nature. Lest *we fall* into error at critical moments it is my purpose now to point out certain *pitfalls* so as to avoid the possible dangers of *one-sided prescribing*. These are "Temperaments," "Modalities," "Physical Symptoms," "Cause," "Location," and "Sensation"—subdivisions of a homœopathic livery!

Dr. Hallock reported his patient *tubercular* (cause). Many remedies were tried and all were found wanting. *Phosphorus* was then prescribed, under which "she improved at once," and the report comes, "she is going to get well." Let us hope so. *Phosphorus* is indeed a great remedy in tuberculosis when it is the *indicated remedy*. Dr. Hallock was mindful of its powerful action (especially in chest troubles), when he gave the remedy *low* (30th), in her "advanced condition"—"several sanitariums had refused her admission." The merciless onslaughts our very high potencies (above the 200th) are capable of inflicting, when injudiciously employed, must never be forgotten. Nor that irretrievable mistakes are made from frequent repetition, which always ends in incurable states or imperfect recoveries. Here "Cause" admonishes us to be *cautious* with remedies. It also calls our attention to the nature of the disease (tuberculosis), and informs us of the effect—"consolidated," state of the patient. And, so we come a little nearer, therapeutically, to know what must be *cured*.

It is not stated what led Dr. Hallock to *Phos*. He gave reasons why the remedy was withheld; patient was "short, fat, blonde, and *Phos*. is usually called for in tall, slim women, and

more frequently dark or red hair." He rejected *Phos.* on "Temperament!" The selection or rejection of a remedy on such a slim basis as *Temperament alone* would be "one-sided" prescribing—to say the least. This "prop," while useful, is too weak on which to prescribe a remedy with any certainty; we must have something more substantial, viz., *other things pertaining to the patient*. The patient with a "Temperament" must be understood. He that is mentally well balanced, with a perfect bodily organization, is truly a normal individual—the *tempered temperament*. But few possess such a wonderful temperament. He is usually of the sanguine, bilious (or antra-bilious) or nervous temperament. When all three enter into his life, he becomes the phlegmatic or lymphatic type of temperament. For healing purposes nature struck a balance when she endowed the vegetable and mineral kingdoms with like peculiarities. We have the *Nux vom.*, *Puls.* and other types of remedies which act favorably on some types of persons, and only feebly on others. (It is suggested, where the remedy acts indifferently, a change be made to a higher potency. Often the little "fussy" *Puls.* or "senseless" *Nux* subjects will soon settle down with their *particular* "notions.")

These types of persons often prove useful diagnostic factors to the choice of a remedy; for instance:

"*Pulsatilla*, tearful maiden  
With distress of spirit laden," etc.; or,

"Mild, gentle and yielding disposition; cries at everything, is sad and desponding; inclined to silent grief with submissiveness; no two stools alike; unlike symptoms experienced before, changeableness," etc. (Note the mental and physical symptoms alternating or fluctuating.) This "fickle as the wind" patient will be cured or relieved by *Puls.* in almost any sickness regardless of pathology. We can hardly overlook the remedy where those things correspond so clearly. When there is a negative state (as in Dr. Hallock's patient) we cannot justly decide against a remedy *until* all the evidence is in. Some patients may not present clear-cut temperaments to distinguish them. Dr. Hallock failed to see *Phos.* outside of his "short, fat blonde patient." (The anti-type of a *Phos.* subject.) Yet *Phos.* was in his "short, fat blonde"

patient. One would be justified in prescribing *Phos.* on the following: "Adapted to tall, slender persons of a sanguine temperament, fair skin, delicate eyelashes, fine, blonde or red hair (even dark), quick perception, bodily weakness, and in very sensitive natures." Then *other things* would be *equal*, viz., typical *Phos.* subject and the constitutional taint is well marked. The symptoms in Dr. Hallock's patient were irregular. We note: "She is never nervous, nor does a change from warm to cold, or vice versa, affect her." Yet *Phos.* cured on these two negative symptoms. Strange! When *Phos.* is lacking in the economy various aggravations and ameliorations can be found in these "nervous, sensitive natures." These symptoms at times may be stubborn to elicit, or they may be unreliable; but these *modalities* must be present in every case where *Phos.* is the *simillimum*.

On the latter symptom, *i. e.*, weather changes, we come to another "pitfall," viz., *modalities*—the modifying influences. These are important "props." What about modalities? Dr. Richard Hughes favored doing away with modalities. Dr. Lippe made much use of modalities and they were successful aids to him. These, like their predecessor, "Temperament," are often conspicuous by their absence, or their negligible quantity; where one is weak or lacking the other is apt to be weak or lacking also. (Illustrated in Dr. Hallock's patient who was of the *inverted Phos.* type, seemingly.) When unable to get desirable information on these two "props" from the patient, the nurse or some one else may give us hints as to these things. We cannot always know these things at first. Their value cannot be over-estimated when they are clear cut. We can often prescribe successfully on *modalities*, because *these things* are in correspondence with the patient. A novice could prescribe offhand on the symptoms: "Better in cold air and from cold applications; relieved while walking or moving slowly about in the cold or cool air; aggravated by warmth." Or, "great heat, whole body burning hot, especially face red and hot, yet the patient cannot move or uncover in the least without feeling chilly." These symptoms are found in many local affections, and *Puls.* or *Nur.* will cure the respective types. Backwards and forwards we get confirming and modifying influences peculiar to both.

We come now to our third "prop"—"Physical Symptoms."



This is tough, old hickory to lean on. Physical symptoms (also called physical "generals," dominating or leading symptoms) deal with constitutional states. Very often mental states and various modalities are brought out when investigating physical symptoms or generals. These three cardinal points give us unerring guides to the remedy. There are symptoms and symptoms in these three symptom groups, but only *three* need to be remembered, viz., *prominent*, *peculiar* and *uncommon* (or striking, strange, rare, odd, singular). "These are chiefly and almost solely to be kept in view." Without these *personal* symptoms we would have nothing on which to *individualize*. The common symptoms of a *nondescript* type, and not relating to the patient, may be omitted from consideration. (The *characteristics* in a case, and *individualization* are considered later.)

*Classification of symptoms* (mental and physical). In order to *perceive* the relative *value of symptoms* we must reduce them to writing. The following plan works well:

1. Divide the symptom sheet into two columns. The first column occupies about two-thirds of the width of the sheet. In this space we write the symptoms given by the patient in his own way.

2. In the second column opposite each symptom record the things belonging to it as the narrator gives them. (These are all general symptoms predicated of the patient. Those predicated of an organ are particular, we consider these later.)

The things predicated of the symptoms relate to aggravations (<) and ameliorations (>). These *modalities* specifically refer to time, temperature (cold and hot), weather, motion, rest, position, touch, etc. The most important are heat and cold; motion and rest, and how affected in the open air.

3. Begin every new symptom or circumstance, mentioned by the patient, on a new line.

4. After the patient has detailed the history of his sufferings we review each particular symptom and elicit more precise information respecting that particular symptom.

5. Should our review not bring to light a perfect image of the patient's illness, then we must make further inquiries respecting other conditions not mentioned by the patient. This refers to the several functions or parts of the body or the mental state. This information may be inserted in the original or in a space reserved

for such purposes. By numbering the symptoms, as in footnotes, we may find this readily.

An attorney gets his best evidence if he can get the witness to tell what he knows about the case without prompting him. So we must let the patient do the talking without interrupting him. We can "cross-examine" him when he gets through.

When the case is well reported every conceivable sign and symptom comes to light, and we can distinguish the case of disease in hand. We *now* have the *man*, viz., "mental symptoms," "modalities," "physical symptoms," "cause," "location," and "sensation." We include in the record pathology, urinalysis, etc. These signs and symptoms give us an individual sickness—the strong with the weak units, the "totality of symptoms"—the *whole case*—along scientific lines!

The selection of the *simillimum* rests on *detailed symptomatology*. The remedy will prove curative in all curable diseases. When symptoms are unobtainable (a sign of an incurable case) one might just as well give S. L. No remedy, crude or potentized, can cure.

*The Repertory.* The symptom sheet will be useful in pointing out the strong symptoms in a case. Some are more important than others; the most important are termed "generals," and the lesser are designated "particulars." Their meaning is important from a repertorial standpoint. Without the *generals* of a case we cannot *individualize* and see distinctions. The symptoms relating to the patient, as a whole, are all general. Those relating to a part or organ are particular. We never find the prominent, peculiar or uncommon symptom in a particular. To illustrate: In inflammatory conditions, say peritonitis, let us compare *Secale* and *Arsenic*, two remedies seemingly indicated. How do we tell them apart? Both have violently distended abdomen, tympanites; extreme sensitiveness to touch, motion or jar is unbearable; the pains are likened to burning coals of fire; tongue dry, great thirst; vomiting of blood; running pulse. Both agree in their particulars, and the remedy cannot be diagnosed from these. Look further. Patient wants to be covered up, to be kept warm, even in the hottest weather, wants warm drinks. These symptoms at once distinguish him from a *Secale* patient, who wants to be uncovered, wants cold open air, cold water to drink, is aggravated

from heat and warm room. *Sec.* here will prove to be the *simillimum*.

One strong general (< by heat, *Sec.*) rules out one remedy and rules in another (> by heat, *Ars.*), regardless of innumerable particulars. This comparison of symptoms and remedies is known as *individualization*—to distinguish, or symptomatological and therapeutical diagnosis. Generals of *Arsenic* are so and so, from those of *Secale*, and the particulars of *Ars.* so and so from those of *Sec.* Aggravation from heat would be individualistic, characterizes the remedy at once from its fellow *Ars.* who is ameliorated from heat.

A remedy similar to the general state of the patient will cure the particulars, as a rule. To study these particulars one will seldom find the remedy that will cure.

What is characteristic? All the *symptoms* that are *peculiar* to the *disease*. A common or pathognomonic symptom may assume some unusual relationship in a disease, for instance, in *fever* we would expect *thirst*, and if *thirstless*, that would mark the symptom *peculiar*. If we are not familiar with that symptom we look it up in the repertory under the rubric, "Fever, thirstless," and the one remedy which would fit the other symptoms of the case would in likelihood be the *simillimum* in that particular disease. The presence of a striking symptom unusual to the disease would constitute a peculiarity which relates to the patient—not to the disease.

Generals and particulars concluded. Every well proven remedy has generals, common and particular symptoms, brought out in its "provings" on the healthy person. In disease these same symptoms occur. "I am thirsty" is a particular and general, too, because that symptom could only be felt in the mouth (part), yet the patient in general craves that water. Where a symptom is expressed as a particular but relates to the patient—the term *particular general* has been assigned to it (or "common" general). The particulars may become the generals in the patient.

We have important generals and important particulars, and these are graded accordingly. The repertory indicates these in different styles of type (analytic value) as 1st, 2d, 3d or 4th grade. "Craving for acids or special food" is a general, but as explained, is a particular or common grade general only. Here

the grade is lower than a *mental* symptom, as "desire to kill himself." The mental state expresses high grade generals and dominates over physical generals. Desires and aversions; motions or rest, all high grade symptoms wherever found, and their grade varies according to their locality. Before we can repertorize we must have a complete record of the patient's illness. We must know what is general, particular and common in that particular illness. It was stated in the section on "Physical Symptoms," "there are symptoms and symptoms;" that we were concerned only with those which were prominent, peculiar or uncommon, or the characteristics in the case. In this section these "symptoms" were designated generals and particulars. It was illustrated by *differential diagnosis* how to separate the generals and the particulars, and by the same process how to select the proper remedy to correspond with the "totality of the symptoms."

In the section on "Classification of Symptoms" we will see at a glance what is most important to consider first. The academic plan is to start repertorizing with mental symptoms, thus: 1. Take any prominent or striking mental symptom and look this up under the rubric "mind" and write out the remedies contained in the list. (A list of our remedies printed on a slip and checked off as wanted is a time saver.) Next look up the symptoms and conditions in opposite column and check off as required.

2. In the examination of the physical generals proceed as in those under mental symptoms.

The physical symptom furnishes the greatest number of aggravations and ameliorations—these relate to open air, heat, cold, motion, rest; great aids in bringing out generals. The physical state informs us of the patient's desires and aversions; found in appetite, sexual organs, etc. Besides these we have many other important symptoms and conditions in the physical organism disturbing man *in general*. These functional disturbances produce various alterations in the blood, as anæmia, chlorosis, cancerous affections; emaciations, exhaustion; convulsive states; innumerable pains; paralysis, and the many effects following syphilis and gonorrhœa, etc. Let us bear in mind the injunction, "*treat the patient, not the disease*," whenever we have these things to cure.

*The Repertory* and Dr. Hallock's patient. For obvious reasons we cannot study this case as outlined above. Nor is that method



always necessary to follow. Hence I will select a symptom prominent in the case. "But her persistent symptom was the tightness beneath the sternum." That symptom is found in Kent's Repertory (2d ed.). "Chest, constriction, tightness, tension; *sternum*, Aco., cannab.-s., lob., mur.-ac., nux-m., *phos.*, rhus-t., sabin., sul., zinc." Under the same rubric follow the circumstances, "On coughing, *Phos.*" (given by Dr. Hallock), and finally the location—"Upper part: Cham., *phos.*, rhus-t." *Phos.* appearing in all three lists raises this remedy to highest importance.

*Materia Medica.* Having gained valuable information on a prominent symptom we may rest our oars, as we look up *Phos.* in the materia medica—the "court of last resort"—always after repertory work. It is customary to look up all *emphatic symptoms* first, then consult the materia medica last. Careful reading satisfies us that the remedy matches the symptoms in all important details. No other remedy in the lists comes near. (The suitability of a remedy is always decided by the materia medica. Comparative materia medica *individualizes* or *characterizes* the remedy, whether it fits the particular illness, as illustrated under "*Sec. and Ars.*")

We may now close the repertory and the materia medica; the remedy is found, it is sustained and confirmed. We are now in a position to prove whether the patient is curable or can only be palliated. The terms *similia* and *simillimum* are often loosely employed. *Similia*—remedy and symptoms are similar, like, hence homœopathic. *Simillimum*—remedy has cured, hence its homœopathicity is demonstrated, the similitude was sustained.

There were several symptoms beside where *Phos.* could have been selected without a repertory. Often good prescribing is done from materia medica knowledge.

Previously it was stated that *Phos.* was *in* the patient. When we examine the patient as a *whole*, some remedy will crop out to lead us to certain groups of remedies, as we are led to remedies by certain symptom-groups. The key to the situation is often found that way. Some remedies show certain characteristic traits in the mental state, and others in physical states. Some have their preference in the one or the other, and these dominate almost solely. That is a peculiarity in *temperaments* (patients and drugs), or the remedies so noted were not "proved" in higher



potencies. Perhaps that may account for the lacking symptomatology in the remedy.

*The Repertory itself* is not a fine spun work and only manageable in expert hands. Many illustrations of easily worked out cases could be cited to refute such a silly notion. In the most complicated cases the repertory is our greatest ally; often greater than a council of physicians. Only an army of men could possibly possess the knowledge contained in our voluminous materia medica. The repertory had to be made to serve as a ready index to this vast storehouse of homœopathic symptomatology. The repertory speaks the language of the symptomatology in the materia medica; translate the patient's language into repertory language, and you will be equal to the task. By a sifting process (where one is strong in materia medica) the remedy is often found easily. The selection of *Phos.* by the use of a single symptom showed that it does not always require laborious work to get "next." But the labor may be difficult; so is any real work, scientific work! One thing is certain from repertorial research work there is less reading up on remedies we imagine might fit the case. The giving of remedy after remedy follows similia, but never where the simillimum is in sight. This is often the case where keynotes are depended upon. With some a few keynotes will do and they are off for business. Use a keynote to examine the remedy to see if it has the patient's symptoms, viz., generals and particulars; confirming and modifying influences—then these keynotes are not objectionable to use. The repertory is not only a great time saver—with a minimum of labor, but it clears away bewildering symptomatology in many complicated cases.

*The Potency Question.* Dr. Hallock stated that under *Phos.* 30th the patient improved rapidly. That goes to show that high potencies are not the vain imaginings of certain "cranks." The results achieved in this patient with the 30th (although the 30th is not considered "high," it is really a "low" potency) should set at rest such accusations and convert unbelievers to potencies beyond the 12th—the microscopic test!

Radium demonstrated matter in the 60th dilution. It may stop there. At present our resources are too primitive to reveal further enlightenment on this subject. But the *Word* promises: "There is nothing hidden which shall not be revealed."

Whether the properties attached to a drug are of material origin or not does not concern us as physicians. It is our business, however, to know the drug therapeutically. That ascertained informs us of its properties. Is it potent or *im*-potent. At an early age these properties were known more or less. The physicians of to-day believe that certain drugs are *potent*. Not all, however, believe in *homœopathic potencies*. Many homœopathic physicians believe *this* also—if the potency does not go above the 12th. Many physicians (old school) laugh at the *potency* of *Lyc*. “Why, that ‘dusting powder’ is only good to sprinkle on pills to prevent their sticking together; it is inert.” How they laugh! Granted it is *inert* in the *crude state*; but arouse it from its slumbering state, and that latent force will waken up many *inert things* into life! It is through potentiation (a process peculiar to Homœopathy) that the *inner nature* of a crude or inert drug becomes unfolded and developed—it becomes more and more powerful as it becomes less and less materialistic. What powers in gold, silver and platinum, *lyco.*, *carbo veg.* and *lime*!

Matter may be demonstrated to be a form or state of *force*. But matter itself can no longer be regarded as ultimately composed of atoms (though these atoms are material). It has been shown that there are other particles termed electrons (these are non-material, but electrical in nature), and these revolve around each atom in planetary fashion. These are very minute when compared with an atom. The latter may be compared with the former in this relative diametrical proportion, as 800 feet is to one-eighth of an inch. What a gross thing an atom is, and what an infinitesimal thing an electron must be! The electron is beyond human conception.

We are closer to a solution now; whether matter is a *force*, *electricity* or *spirit*? The secret in matter may become known; “an empirical acquaintance with facts rises to a scientific knowledge of facts,” but “the mills of the gods grind slowly,” and we must wait.

What our potencies really consist of does not militate against their uses. All we know and need to know about them is that they are curative. We know this by the cures effected. Some of us realize that more than others. Comparison with other methods of treatment, which had utterly failed, refutes the false accusa-

tions made against homœopathic science as being a myth, a delusion and a fraud. When we know how to take the case, and to find the simillimum the rest will be easy. And when we give the single remedy in the potencies, and not repeated too soon, we will be on the high road to make the finest cures extant in medicine.

April, 1912.

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## COW-POX VACCINATION.

By F. L. Padelford, M. D., Fall River, Mass.

In the Royal Statistical Society papers of August, 1882, Dr. Guy, F. R. S., states that "it is now admitted by all competent authorities that vaccination during epidemics of small-pox tends to diffuse rather than arrest the disease."

Along about the middle of the third decade of the 18th century numerous cases of small-pox in persons who had been recently vaccinated forced these and other men to come to the conclusion that a new strain of lymph must be found or vaccination was doomed. In 1839 Dr. Ceely, of Aylesbury, and in 1840 Mr. Babcock, of Brighton (Eng.), succeeded in developing (upon cows) at the site of an inoculation with small-pox, vesicles from which matter was taken which was widely distributed for use as vaccine lymph. Similar experiments were performed in this country at a somewhat later date. "In Attleborough, Mass., in 1836, small-pox was inoculated on a cow's udder and the product used to vaccinate about fifty persons. The result was an epidemic of small-pox, a panic, and the suspension of business." In England vaccination was made compulsory in 1853. Further changes in the English laws, under the terms of which vaccination was more rigorously enforced, were made in 1867, and again in 1871. In the first epidemic following the law of 1853 there were, in England and Wales, 14,244 deaths from small-pox. In the next, which occurred in 1863-4-5, there were 20,059 deaths, and in the third, coming in 1871-2, the disease destroyed 44,840 people. What an argument in favor of vaccination! If Dr. Guy's conclusion needed absolute support this report of the Registrar General of England and Wales certainly supplies it. When boasting as to what vaccination has accomplished Jennerian enthusiasts should bear the above in mind.

Now let's see just what we stand for. Either ignorant of or

willfully unconscious of the fact that the cow-pox which Jenner first brought to the attention of the world was not "small-pox modified by cultivation on the tissues of the cow," men who call themselves disciples of Jenner because the lesion which occurs on the abdomen or udder of a cow as a result of an inoculation with small-pox bears certain superficial resemblances to the lesion of cow-pox declare that this disease is cow-pox. And so hypnotized are they by that silly delusion that even when in consequence of an inoculation with such a product the victim manifests all the symptoms of small-pox itself the disease is asserted to be cow-pox, and not to be contagious. Yet regardless of the appearance of the throat in a case of tonsillitis or pharyngitis if Klebs-Löffler bacilli are found the disease is declared to be diphtheria and a menace to the community. And the same principle applies in the case of every disease which is supposed to have a bacterial cause.

Now please peruse and ponder over the following which I take from "The Laws of Heredity," by G. Archdall Reid, M. B., F. R. S. E., 1910, pp. 238-9: "It has been conclusively proved, experimentally, that if small-pox be passed through a series of calves it becomes cow-pox; in the horse it becomes horse-pox; transferred back to man it is vaccinia. By then the nature of the microbes has been profoundly altered. \* \* \* A party of Esquimaux who visited Berlin and were vaccinated there developed a general disease resembling or identical with small-pox, and perished with it. The microbes, therefore, were able to spread over the entire body. Doubtless if vaccinia were passed through a series of such people, and then through more resistant types, it would again become small-pox—just as harmless saprophytic organisms become virulent parasites if passed, under favorable circumstances, through a series of living hosts.

"The nature of the *microbes* has been profoundly altered!" If the resistance of the inoculated person is so great that there is no manifest lesion except at the site of the inoculation the patient has cow-pox. If, however, his resistance is less and there does develop a general eruption, he has, not small-pox, exactly, but a disease "resembling or identical with" it. And yet "the nature of the MICROBES has been profoundly altered." Polite society frowns upon the language in which comment upon this "gem" might well be clothed.

But if it is true, as undoubtedly it is, that "if vaccinia"—or what is more accurate, if variola vaccine virus—"were passed through a series of such people, and then through more resistant types,"—we don't see the necessity for the "more resistant types"—"it would again become small-pox." Why did not the widespread use of the small-pox cow virus of Ceely, and Babcock, and Adams, and Putnam, instead of limiting, instead of lessening the amount of small-pox, actually spread that disease over England, over Europe, and over the American continent? The conditions described by Dr. Reid were fulfilled to the letter. Variola vaccine was used and arm-to-arm vaccination was practiced. As vaccination increased small-pox increased also. Cause and effect? Yes, unless you are blind. The climax was reached in 1871-2-3. Since then there has been a lull, but there's trouble coming.

Gentlemen, in using the now-popular brand of what is supposed to be vaccine virus—the small-pox cow variety of this elixir of life, or death—we are inoculating with a product, which, according to the accepted teachings of bacteriology, does contain living germs of small-pox, or living germs which in their first human host are transformed into small-pox parasites. Then in so inoculating we are inducing in each victim small-pox, which is usually mild. It is probably true that for a brief period following such an inoculation there is a slight increase in resistance to the contagion of small-pox. But the immunity is neither complete nor permanent. This is a positive fact. But won't you read again what Dr. Guy—a pro-vaccinist—has to say about the consequences of vaccinating, presumably with variola vaccine lymph? Then tell me if it is not true that mild attacks of contagious and infectious diseases are so far a menace to any community that during any even slight attacks of such diseases patients should be quarantined.

In this country small-pox is increasing. The profession, willfully, it seems, ignores a truth which the laity are bound soon to recognize, and that is that to give small-pox to prevent small-pox is folly.

While it is possible that soldiers who are to enter an infected territory and physicians and others who are compelled to attend small-pox patients would do well to take the precaution of submitting to an inoculation even with small-pox, while suffering in



consequence of this procedure they should be quarantined. But let me repeat: To give small-pox to all members of society with the expectation of eliminating this disease from our midst is folly. Yes, and worse than folly, morally it is a crime.

"Whom the gods would destroy they first make mad." In common with many other old and established institutions the profession of medicine is on trial for its life. But the results are in the hands of the profession itself. The sooner this great body repudiates this relic of barbarism, this which has been so well-termed a "grotesque superstition," which cannot stand when exposed to the clear pitiless light of publicity and honest and unbiased consideration, the better it will be for us.

We have been dogmatic and blind too long, and unless we heed the signs of the times we shall be destroyed. Sooner or later the people must judge this Jennerian delusion, and accordingly as we physicians judge this which the people must judge, the people will judge us. From the verdict of this jury there is no appeal.

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### THE NEW (?) CELL PROLIFERANT.

Editor of the HOMŒOPATHIC RECORDER.

I have just been reading in the RECORDER an article under the above title, by Dr. E. Petrie Hoyle, of West London, England, which quite interested me. He asks for the experience of others with this wonderful discovery (?) which has been made by an allopathic physician. Well, there is nothing peculiar about that, for they are often making discoveries (?) of what the homœopathic profession have known for fifty or a hundred years.

I have used *Symphytum* frequently in fractures with marked results. About twenty-eight years ago, while I was physician to the Pennsylvania Railroad Company, I was sent to Honey Brook to investigate the case of a man who had his left tibia fractured in a railroad accident and who had been attended by a local physician for thirteen weeks without any union of the bone. It was a compound fracture at the junction of the middle and upper third, and the upper fragment was still protruding from the wound, the fracture never having been properly reduced, and, of course, there could be no union. The attending physician was immediately discharged and the case turned over to me, notwith-

standing my protest at the proceedings. I reduced the fracture and applied a Smith's anterior splint, leaving an opening so I could dress the wound, which I did with *Calendula*, and it healed kindly in a week. I then put him on *Symphytum* 30, twice a day, for a week and the bone made a rapid union, and in six weeks he was walking on it as well as ever.

I think that after being trifled with for thirteen weeks with no sign of union, and the man's health having run down considerably, that the rapid cure was remarkable and due in a great measure to the action of the remedy.

The above mentioned local physician had evidently not made this new (?) discovery.

L. HOOPES, M. D.

West Chester, Pa., U. S. A.

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### HOSPITAL PHYSICIANS WANTED.

Detroit, Mich., April 11, 1912.

Editor of the HOMŒOPATHIC RECORDER.

During May and June several vacancies in the house staff in Grace Hospital, Detroit, will be filled. Grace Hospital since its addition was completed is the newest and best equipped homœopathic hospital in the United States. Last year there were treated in the hospital 3,615 cases—medical, surgical, obstetrical; 580 more than in 1910. The average daily number is 175. A small remuneration is given to some of the house staff. Applicants should write Stephen H. Knight, M. D., 37 East Willis Ave., Detroit, chairman of Examination Committee.

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### THE MEISSEN IN PITTSBURGH.

The resident members of the Meissen in Pittsburgh have planned a number of entertainments to be given the visiting ladies. As, for instance, luncheon and cards at the Country Club, automobile ride and garden party, musical and refreshments, etc., etc. There will be more or less sight-seeing and there are many sights to see. Mrs. J. H. McClelland, president; Mrs. R. S. Marshall, chairman of Entertainment Committee, assisted by Mrs. W. Alvah Stewart; Mrs. Verner S. Gaggin, chairman of Hospitality Committee, assisted by Mrs. S. M. Rinehart.

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## EDITORIAL BREVITIES.

REPERTORIES.—Without premeditation or malice aforethought two papers on the use of the repertory came to hand this month on that subject and both are given in this issue. They take up considerable space, but, we believe, the time will be well spent in reading them. The paper by Dr. Bidwell was read before several big homœopathic societies; that by Dr. King makes its first appearance in these pages. Read them carefully in a leisure hour, for it will be time well spent.

THE BAROMETER IN MEDICINE. A CORRECTION.—The RECORDER for January (page 32) contained an abstract of a paper read before the International Homœopathic Congress on the original topic of the barometer in medicine; that is to say, the marked effects that always follow a suddenly falling barometer. This paper was credited to Dr. Burford, whereas it should have been credited to Dr. Thomas Wesley Burwood, of Strathmore, Florence Road, Ealing, W. England, to whose observations we are indebted for the noteworthy facts in this matter of the influence of a low barometric pressure on invalids.

VIS MEDICATRIX NATURÆ.—What is this Latin that our honest but benighted allopathic brethren are so fond of flashing on the screen? Is not the patient, the disease, the dope and the doctor the product of “nature?” Sure! Well? Wherein is the point then in saying “nature cures” when the same power, in their lexicon, produces the disease, the patient, the doctor and the dope? This is really a serious proposition and we commend it to the

prayerful consideration of the *Journal of the American Medical Association*, the *London Lancet*, the *Journal of the British Medical Association* and all other eminently respectable medical journals.

OH FIE!—"John Smith suffers from a passing indisposition. When he recovers he credits his recovery to whatever he may have done just preceding that recovery. If he has received medical attention, the physician gets the credit; if he has taken 'absent treatment,' Christian Science is responsible; if he has taken sugar pills, 'Prof.' Munyon gets the praise—while, as a matter of fact, if he had taken none of these, he would have recovered, since he was only temporarily indisposed."—*Jama*, April 20th. Very likely the eminent *J. A. M. A.* is correct in its proposition when the Christian Scientist, "Prof." Munyon or the *A. M. A.* is in question; nature does the work, if it is done, but we mildly protest that when a good homœopath is called in Dame Nature is ably and gallantly assisted, or compelled, to behave. There is a vast difference between the really scientific homœopath and the others named by our contemporary.

SLEEPING SICKNESS.—Some time ago we read the very confident assertion that "Atoxyl" had conquered the African sleeping sickness; it was made in a paper defending "Salvarsan," but by whom is not now recalled. "Atoxyl," like "Salvarsan," is a trade-mark name for a preparation of arsenic made in Germany. The Berlin Letter (*J. A. M. A.*, April 20) contains a report of the investigations of Professor Studel, of the German Colonial Office, who has just returned from an extended tour in Africa. In brief, Studel found that in two districts 800 sufferers from the sleeping sickness had been collected in two camps. A few "were cured by means of Atoxyl," "but the majority, in spite of the treatment, have died." It would be interesting to see what the remedy for this disease, suggested by Dr. Edmund Carleton in the HOMŒOPATHIC RECORDER, July, 1908, would do. It could not have worse results than "Atoxyl." The remedy is *Nux moschata*, given in the potentized form, of course.

SILICEA COMES TO LIGHT.—Our learned Chicago brother, the *J. A. M. A.* (April 20th), opens its world-weary old eyes to the

fact that there is such a thing as *Silicea* and treats its readers to an editorial on "Silicea in Metabolism." Now "metabolism" is a learned word heading two ways, one of which is "anabolism" and the other "catabolism;" the first is constructive and the second destructive. (*Jama* doesn't say all this, but we dig it out of the dictionary.) However, the term is a learned one, but our Chicago brother is in doubt as to what part "Silicea" plays in the drama. We would respectfully suggest that he consult Hahnemann's *ateria medica*, and, incidentally, Schuessler, and even Hensel, on the matter. Hahnemann opened the road which the learned ones are reluctantly and protestingly following, for they say he is a false guide—but see that to progress they *must* travel his road.

HOW NOT TO TREAT GANGRENE.—It makes one sad to read some of the reports in old school medical journals. For instance, here is one among the "Miscellany" of the *J. A. M. A.*, April 20th, from a Russian source, telling of a young man having both feet amputated for gangrene. Some time later symptoms suggesting gangrene in the right hand appeared and "Greiffenhagen made anastomosis between the brachial artery and vein, which seemed normal." But the case, though seeming to improve at first, rapidly became worse and the forearm was amputated at the end of the week. The same treatment was tried on the other arm with the same result—amputation. And now, without feet or arms, the patient is showing further bad indications. Had he been treated with one of the several homœopathic remedies for gangrene the result might have been very different, but they angrily wave aside any such suggestion.

The RECORDER for September, 1907 (to mention but one case), contains a report of a man whose toe had been amputated because of gangrene and shortly afterwards the word went forth that the whole foot must follow. Dr. Kraus-Busch, of Wiesbaden (the case occurred in Germany), was called in to give homœopathic treatment. The old school men were very gloomy over the case and could see no good in delaying the amputation, but the patient insisted. The sequel was that the progress of the disease was stayed and the foot saved. *Lachesis*, *Arsenicum*, *Secale* and some external applications did the work. Why cannot the allopaths at least make a trial of, say, even *Lachesis* alone in such



cases? Believe us, gentlemen, there is a vast new world open for you in the science of pure Homœopathy.

THE MARVELS OF MODERN MEDICINE.—The following is taken from a widely circulated publication: "In the preparation of ———, mixed cultures, including the pyogenic staphylococci and streptococci, *Bacillus typhosus*, *Bacillus coli communis*, *Bacillus pyocyaneus*, *Diplococcus pneumoniae*, as well as *Streptococcus rheumaticus* (Poynton and Payne), are grown on a special culture medium; and as it seems advisable to have a polyvalent preparation, a number of strains of each organism are employed. The metabolic products of the bacteria are separated from the bacterial cells by filtration through porcelain. The bacteria-free filtrate containing suitable preservatives constitutes the ———." Once it was mixed drugs—*ad lib.*, now it is mixed "bugs!"

AN ILLUSTRATION.—This may be a bit crude, but it illustrates the difference between Allopathy and Homœopathy. Rattlesnake venom, *Crotalus*, in poisonous doses causes the blood to be watery—it will not coagulate—so in appreciable doses it, allopathically, ought to be injected for blood clots—if any one has the nerve. On principle of *similia* the homœopath gives the drug in doses so small as to produce no "physiological effect" and cures cases characterized by the oozing of blood that does *not* coagulate. An old homœopath told us of a man years ago who had an oozing of blood from the navel that would not clot or coagulate. The case was the despair of the allopaths, for the patient was gradually sinking to his grave. A homœopath gave him a rather well-up potency of *Crotalus*; the oozing stopped and the patient recovered. That was the difference between the two forms of medical science. Our allopathic brethren should not neglect the higher and subtler science.

ALACK AND ALAS!—The editor of our very interesting, scientific and esteemed contemporary, the *Journal of the American Medical Association* asks "Is Certified Milk Safe?" No, brother, nothing is safe; not even medical editors who, with all their wisdom, are picked up, every now and then, by some trifling microbe and carried out feet foremost. Nothing is safe; not even

sterilized, Pasteurized and certified milk in aseptic bottles sealed by a health board, for some bacteriologist will find bacteria in it or, if he doesn't, will say it is unfit for use. Let us live while we may and die when we cannot help it.

MILK.—Between the law, enforced in certain places, that milk must be marketed at a temperature down towards the freezing point, and the law proposed by others that it must be subjected to a heat up towards the boiling point before marketing, it looks as if the public might be deprived of this food altogether. Yet those at each end of the thermic line will make you feel like Mark Twain's spider on a hot shovel if you attempt to oppose them. Sometimes when considering all the scientific cuddling the world is receiving today one almost sighs for a little of the old-time Spartan ruggedness.

WHAT SHALL THE HYGIENIC TRUTH SEEKER DO?—This is the proposition: The Bureau of Animal Industry in the Department of Agriculture at Washington has discovered that the *bacillus abortus* "has now been found to occur with a high degree of frequency in market milk," to quote the editor of the *J. A. M. A.*, and "the proper Pasteurization of all milk before it is used as food" is urged. It will be remembered that Strauss was compelled to abandon his stations in New York City when milk was so treated as a charity to the poor because the Pasteurized milk was said to be worse than when not so treated. Hence the above query.

CAN WE BE TOO WISE—IN OUR OWN EYES?—An eminent medical editor recently drew near the end of his editorial with the following words: "We have set forth this nonsense because it is of a kind that many excellent people are constantly being 'taken in' by." Perhaps it was nonsense, for all we know, but isn't the attitude of the "taken in" mind, on the whole, more comfortable than the one that insists on being "left out" all by its little lonely? It has plenty of companions, but each, having the same nature, is not a real companion, possessed, as it is, by the fear of being "taken in" by its brother skeptics. Bulwer Lytton used to contend that the negative mind was necessarily narrow and empty. It is not well to believe everything, but believe something heartily, say, Homœopathy in medicine, and measure things medical by it.

## PERSONAL.

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Women always have been the bosses so why cannot they leave to the men the empty honor of the vote?

The traveler from the tropics told his fellows that he had seen water turned to slippery stone and they said he was a liar.

Claude, the society freshman writes us that "Miss Fortune is very unpopular" in his set. Oh, Claudie!

It is hard for some to keep up their interest in the literature of mortgages.

All love the man with a big heart, but few care for the man with a big head.

A reputation is four-fifths of the battle.

Investigations stop when the appropriation is spent.

"Some think this way, some that way—but the most of 'em don't think at all."—*Binks*.

The appendix figures in the internal revenue.

In medicine the old adage, "Practice makes perfect," does not always hold true.

A woman saves her silken hose for a rainy day.

Why should not Congress give pensions to all whose sympathies were enlisted?

A philosopher is chiefly gas, but the kind is a matter of dispute.

The prosperous man understands cold feet and when they are needed.

Iago was off when he said "reputation is a most vain and idle imposition"—but, was he?

"She fainted," wrote the novelist. "With her right or left?" queried the funny man.

"Mamma, how far can a cat spit?" asked Johnny.

After we have the initiation, the recall and so on and on, what will the next generation do for something to kick about?

There might be a decrease in crime were the law to hold the "insane" responsible.

Honest, now! *Can* you believe what you please?

"Boys will be boys," of course, though we cannot see what else they could be.

If you say a man is "true gold" he is pleased, but say he has a "streak of yellow"—!

With some April 1st never ends.

No one objects to the scientific, but only to that which calls itself scientific but is not scientific.

"To embrace the forward movement of thought."—*Benson*. Well, what does that mean?

# THE HOMŒOPATHIC RECORDER

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## SYMPHYTUM

The January number of the *British Medical Journal* contained a paper headed "The New Cell Proliferant," by Dr. Macalister, on which Dr. E. Petrie Hoyle made some comments in the March issue of the RECORDER (see p. 100). Also in the same month, March, our esteemed contemporary, *The International Journal of Surgery*, takes up the subject for its leading editorial under the heading "Revival of An Ancient Vulnerary." The journal tells its readers that the alkaloid of *Symphytum* is "Allantoin," a compound obtained by an alkaline oxidation of uric acid and present in the allantoid fluid of the foetus, in milk, in buds of certain plants, in the bark of trees, in bread, French beans, green peas, etc." This is interesting, but not very enlightening. The dictionary says that "Allantoin" is the Greek for "sausage-shaped." Again, this is not very illuminating. If anyone acts on the supposition that the Allantoin found in so many incongruous things is the same in its action as the tincture of *Symphytum* he will probably be disappointed.

Homœopaths have used this excellent drug, almost since Homœopathy was known, for knitting broken bones, injuries to periosteum, on irritable stumps after amputation, and abscess, both internally and externally. The "King's Herbarist," John Parkinson, in his *Theatrum Botanicum*, published in 1640, says of this plant that it is "especiall good for ruptures and broken bones; yea, it is said to be so powerfull to consolidate or knit together what so ever needeth knitting, that if they be boyled with dissevered pieces of flesh in a pot, it will joyne them together againe." It is probably statements like the latter that have caused the scientific nose to be lifted up against the wisdom of the old

worthies, but the forepart of the quotation hath been often verified by good homœopaths still living. Indeed it is not two years ago that a most eminent surgeon skillfully set a broken hip in an old lady, but he could do nothing for the dreary pain that persisted for months, and nothing effectual was done until an ignoramus suggested rubbing it with the tincture of *Symphytum*, and, when this was done, the pain departed. Old homœopathic literature is full of cases of broken bones that would not "knit" properly until the potentized *Symphytum* was given internally, when the healing proceeded as it should.

In that charming book, *Herbal Simples*, by Dr. W. T. Fernie, published in 1897, we find the following points gleaned from ancient literature concerning *Symphytum*, or "Comfrey," "Knit-back" and "Blackwort," as it is popularly termed. (Ferne, by the way, is a homœopathic physician of England.)

Pliny writes of it "—and the roots be so glutinative that they will solder or glew together meat that is chopt in pieces, seething in a pot, and make it into one lump; the same bruysed, and lay'd in the manner of a plaister, doth heale all fresh and green wounds." From this we see where Parkinson got his "joyne together againe" idea.

"Pauli," if you know who he was, "recommended it for broken bones, and externally for wounds of nerves, tendons and arteries."

Dr. Fernie concludes his section on this plant as follows: "Cockayne relates that the locksmith at Teddington informed him how the bone of his little finger being broken, was grinding and grunching so sadly for two months, that sometimes he felt quite wrong in his head. One day he saw a doctor go by, and told him about the distress. The doctor said: 'You see that Comfrey growing there? Take a piece of its root, and champ it, and put it about your finger, and wrap it up.' The man did so, and in four days his finger was well."

There ought to be a revival of *Symphytum*, not only internally to promote the rapid union of broken bones, but especially as an external application for the pain. There are cases reported where it proved efficacious where the pain persisted more or less at point of the break years afterwards.



## THE PAST, PRESENT AND FUTURE OF MEDICINE.

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The recent history of medicine, that is, medicine in the comparatively recent past, has been largely a jumble of attempts at a scientific treatment in which at that time the knowledge and data were confessedly absent or imperfect.

In the most remote past the practice claimed no scientific data, but was based on observation and experiment, which still remains the practical foundation and test of its value and usefulness, as it ever must.

The earliest recorded case of professional medical practice occurred when the world's population was small. The physician, who was an acute empirical diagnostician, prescribed for the wife of a well known gardener for a mental deficiency, who afterwards induced her husband to accept the same treatment, the result of which was that the patients were both turned out of the hospital, and the doctor lost his position under the charge of malpractice, and women in general were advised to smash his head whenever they came across him, which was good advice, although we still occasionally find a snake in the grass as doctors know.

The same doctor afterwards took charge of another important case, that of a gentleman reduced to poverty by his affliction, in which three consultants were employed, who gave contradictory advice in the usual well-known manner. It was a severe case of furuncular infection, in which, for a time, the sufferer used home remedies, that is, he scraped himself with a piece of a broken dish, sat down on a bed of ashes, and alternately prayed and swore.

The consulting physicians, it is said, sat down around the hapless victim for seven days and seven nights, "and none spoke a word to him," and afterwards, the diagnosis having been completed, they discussed the case in twenty-two pages of poetry.

Then the whole establishment arose in wrath, expelled the consultants, and the Lord himself intervened, sued them for damages and collected the bill. The man finally recovered, it is

stated, prospered in his business, and became a millionaire. He finally died, "being old and full of days," which ended that Job.

Perhaps the best essay for the modern practitioner of medicine, on the whole subject, is comprised in the old Biblical book of Ecclesiasticus, written two hundred years before the Christian era. The points made in the following extract are admirable:

"Honor a physician with the honor due unto him for the uses which ye may have of him: for the Lord hath created him. For of the Most High cometh healing. The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration. The Lord hath created medicines out of the earth; and he that is wise will not abhor them. Was not the water made sweet with wood, that the virtue thereof might be known? And He hath given men skill, that He might be honored in his marvellous works; with such doth he heal men, and taketh away their pains. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth."

"My son, in thy sickness be not negligent; but pray unto the Lord, and He will make thee whole. Leave off from sin, and order thine hands aright, and cleanse thy heart from all wickedness. Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him. There is a time when in their hands is good success. For they shall also pray unto the Lord, that he would prosper that which they give, for ease and curing, to prolong life."

Another well known case in antiquity is that of a woman suffering with chronic metrorrhagia, which is narrated in the book of the New Testament attributed to St. Luke, who, it is said, was also an excellent physician, who had graduated at the head of his class.

This is the clinical record:

"And a woman having an issue of blood twelve years, which had spent all her living upon physicians, and could not be healed of any, came behind him, and touched the border of His garment: and immediately the issue of her blood stanch'd. And Jesus said, Who is it that hath touched me? And when all denied, Peter said, and they that were with him, Master, the multitudes press thee and crush. But Jesus said, Some one *did* touch me: for I perceived that power had gone forth from me. And when the woman saw that she was not hid, she came trembling, and falling down before him declared in the presence of all the people for what cause she had touched him, and how she was healed immediately. And he said unto her, Daughter, thy faith hath saved thee; go in peace."

This was a clear case of Christian Science, but the treatment

was a double-jointed one, both patient and physician co-operating, and the physician was the greatest expert in the science of medicine and everything else that the world has ever seen. In other words, this treatment corresponded with that narrated in Ecclesiasticus, to which I have referred. Well would it be for our modern practitioners and their patients if such religious or psychical processes were in vogue now instead of relying on job-work for low-down physical structures; when every physician knows, or ought to know, that the vital and physiological processes, of necessity, come from pre-vital and pre-physiological sources, because something or other started these processes, which, of course, having been produced, were not themselves the producers. Anatomy and physiology are results, not causes. The rush of leucocytes to an injured part from all the system, cannot be even imagined on a mere physical basis, while the whole of modern aseptic surgery is based on the fact that if you give these higher than physical powers an opportunity, they will take charge of, and rebuild, the broken machine by newly-created means intelligently applied.

One of the greatest, perhaps the greatest, master of science in the world, Lord Kelvin, recently dead, said of these very processes:

"The influence of animal or vegetable life on matter is infinitely beyond the range of any scientific inquiry hitherto entered on. Its power of directing the motions of moving particles, in the demonstrated daily miracle of our human free-will, and in the growth of generation after generation of plants from a single seed, are infinitely different from any possible results of the fortuitous concourse of atoms."

And Professor James Orton, in his standard work on Comparative Zoölogy, says:

"The animal series, therefore, begins with forms that feel without nerves, move without muscles, and digest without a stomach; in other words, *life is the cause of organization, not the result of it*. Animals do not live because they are organized, but are organized because they are alive."

Every living man of science, of rank, holds, and even expands, this same position; only the modern doctors dispute it, because they are so busy with things that are dead or nearly dead, that

their knowledge, and reading, and study, have died also, or nearly died.

Take two young men growing up side by side; one, filled with enthusiasm to become a physician, devotes, for four consecutive years, all his time, energy and application to this glorious pursuit; the other follows the lines of liberal study and reading and keeps up and extends his intercourse with his fellow-men, and with all the vast accumulations of human knowledge available to the student. In the latter case we will have an all-around man, ready and alert to take part in every paper or discussion on almost any subject, a practical man of affairs, to whom the world and its multifarious scenes and interests are familiar; in the other case, a young physician, in whom all these faculties and pursuits have largely been atrophied, so that his whole talk is "shop," or else of trifling matters seen out of their true perspective, and exaggerated by distortion. For these reasons Professor Von Schwenninger (Bismarck's late physician) contended that the four years' medical course was far too long, that it dwarfed the very faculties which go most largely to make up the true physician and surgeon, and that eighteen months of solid consecutive work were quite sufficient to ensure a student's mastery, so far as could be done by a student, of the whole medical and surgical field, thus leaving the remaining two and a half years for culture, general study, and acquaintance with the broader aspects of life, nature and mind.

It was not so in ancient times, nor until recent times. Then the physician was, as stated by old Ecclesiasticus, such that the skill of the physician lifted him up, lifted up his head, and in the sight of great men he became in admiration. In these days he has trouble to collect his bill, and his patients swap physicians, or hire them, as they do bricklayers or barbers.

Our moderns have become so ignorant and vainglorious, so egotistical and supercilious, that while they rail at "old woman's remedies" and old medical practice (feeble as it was with the age) they do not know that nearly the whole of our modern *materia medica* was, and is, composed of "old woman's remedies," tested time out of mind by the old practitioners.

Only the universal or multifarious seven-fold compound tablets, like the seven heavens of Omar Khayyám, are new, and the

new coal-tar and phenolic derivatives, all unphysiological, claim a modern paternity, and these, as we all know, shift, with kaleidoscopic changes, every decade.

And to quote old Omar :

“Up from Earth’s Center through the Seventh Gate  
I rose, and on the Throne of Saturn sate,  
And many a knot unravel’d by the Road;  
But not the Master-Knot of Human Fate.”

The medical wisdom and knowledge of the ancients are not to be despised. Hippocrates, the Father of Medicine, learned its secrets in still more ancient Egypt; his great followers increased its stores; the great names of medical men of the past are still great names in medicine. Even in China their work and achievements in medicine (concerning which I have more than one capital book) are not to be despised; and among the American Indians otherwise unknown medicines of the highest value were in common use. Our quinine and cocaine came from uncultured savages of South America, where they were universally employed for ages, and the pharmacopœias of our grandmothers, tied up in bundles and stuck under the garret rafters, were in constant and successful employment.

Of the Valley of the Amazon River alone, with its 50,000 miles of navigable waters, a well known writer and explorer, on the ground, says, in the year 1847: “The country of the Amazon is the garden of the world, possessing every requisite for a vast population and an extended commerce. It is also one of the healthiest of regions, and thousands who annually die of diseases incident to the climate of the North might here find health and long life.”

And again: “There is a wide field for medical inquiry yet left in the Brazilian forests, and one that demands to be explored.” He speaks of a patient who “had gone out from the United States with his system so filled with mercury that his mouth was ulcerated, his teeth dropping out, and his joints so affected that every motion produced agony. He was recommended, at Pará, to try a remedy called by the Indians *Mulure*, which is the juice of a creeping plant found plentifully throughout the country. In three weeks our friend was perfectly cured, and is now in the



United States a well man." This explorer narrates other examples of indigenous remedies, in profusion.

Under "official medicine" not one of these could be admitted, and any one employing them would be arrested and sent to prison for malpractice. And the same is true of indigenous medicines used in all parts of the world.

The very presence of disease and sickness in these countries compelled the search for their remedy, and, as I have said, successful experiment has poured its wealth into our own materia medica. These are genuine homœopathic provings. How could any of those remedies ever find a place in official hospitals, or be tried even in medical colleges?

The lines you have followed, in a medical college, for four years, have seemed to you like straight and broad highways, but instead of this they are mere lateral by-roads, and if you follow these alone you will fail to realize the significance of what you have learned, to grasp the opportunities presented, or to avail yourselves of their advantages; you will have spent all your time in harvesting wind-falls, while the orchards are loaded with fruit. The trouble is that we have too much conceit and not enough knowledge.

By expanding instead of contracting, by making your so-called "medical education" a mere preface to the book of your life, nature, and profession, you can, if you will, again take rank with your able and renowned predecessors.

All your medical studies can thus be made to bear the richest fruitage by merely tracing back these specialties to the parent stems, and then pursuing this new knowledge along the broadest and highest lines. There is not a medical or surgical study which in this way will not bring a new light to its own further illumination. From microscopy you will plunge at once into the primal forms of life, and you will learn that intellect, like in order to our own, but not in degree, goes back to the monad, and back there you will trace the parting of the roads (and surprising you will find it) between animal and vegetable life, and you can study a new world which will illuminate and glorify the problems which you encounter every day. Contrast with this the sham physician who seeks only the quick and unearned or half-earned dollar, who caters to the frailties of his patrons, who spends his years on

the lowest planes of his occupation, and feels his shame and ignorance whenever he comes in contact with loftiness and enlightenment. The day for such doctors is passing, the world has no need for them, for the true field of medicine now embraces all that touches the welfare and advancement of the physical, the mental and the psychological man, and the physician who will win success must deserve it. In olden times he was the scientific leader of men—and so he must be in the future.

But, in the present practice of medicine, especially in the large cities where the physician should be head and shoulders above his country brother, "he has," he says, "no time." No leisure, a call on tap at all times, no privacy, no time for anything, and always in the grasp of unhappy jealousy, professional detraction, battling for life and to hold on to the patients one has, against the incessant grabbing from all sides; and above all, the thousand-handed hospitals and dispensaries which never cease to reach out and grab, and which must eventually drive individuality and healthy competition away from the city profession. And then the sharp sting of unrequited toil, with the brave but ineffective show to keep up appearances against the style of those who ride, full-breasted, on the tide of apparent success, and who themselves, dying, leave behind them nothing or almost nothing, and in many cases less than nothing.

He has all the time there is, twenty-four hours a day. He has time to damn the osteopaths; to anathematize the healers; to preach a useless crusade against "Christian Science" and its ilk, with its splendid marble churches, showing that other people think; to invoke the wrath of heaven and the contempt of men upon every doxy except his own doxy, for he does not realize that orthodoxy is merely his own particular doxy, while heterodoxy is other peoples' doxy. There is some truth in nearly everything, and the whole truth is not in anything.

The standard may be all right, but, too often, the standard-bearer may be all wrong.

Hahnemann was, after Hippocrates, and perhaps before Hippocrates, the great medical reformer of the whole world's history, and all schools of practice are now turning to that belief. He found medicine chaos, he left it system. He found pathology not only puerile, but preposterous, and every teacher, and clique, and

school at sword's points with every other. Pathology to-day is nothing to brag of: if you think it is, turn back only twenty years, and every one will concede that, even so recently as that, it was "dead wrong"—what will it be in twenty years to come? Hahnemann, of necessity, was obliged to abandon that sort of pathology as a rational guide, for it itself was irrational and untrue; but he put the reluctant and contradictory witness on the stand, and wrung from him by a system of cross-questioning, the like of which was never heard of before, the essential and eternal truth.

And Hahnemann, as has been well said, never asserted that Homœopathy was the only means or method of cure, but that it was the only *direct* law of cure. It is the best, quickest, most certain and, usually, most applicable, but because a homœopathic pocket-case has been lost in the creek that is no reason why the patient must die; try a turpentine stoup and a dose of oil; he will probably worry along somehow, the principal trouble being, as Pat expressed it, that under old-school treatment he "was sick a month after he got well."

When Hahnemann wrote more than seventy years ago of Asiatic cholera: "They take away with them in their clothes, on their skin, on their hair and probably, also, *in their breath, the invisible (probably animated) and perpetually reproductive contagious* matter surrounding the cholera patient, and this contagious matter they unconsciously and unsuspectingly carry along with them throughout the town," was he not already the John Baptist of the coming pathological bacteriology and antiseptic hygiene?—and, looking far backward into his "psora theory" you will find displayed the whole germ theory of to-day. No microscope had yet revealed these germs.

Another matter of importance, in speaking of the present age of medicine, is too often forgotten by many physicians, when practising in families, and who have nearly ruined, themselves thereby.

As you are a scientific man, beware of loose thought and speech about religious things and sacred books, which passes, among the ignorant, for knowledge, and among the learned for ignorance. Men of a scientific knowledge and skill which you can never even begin to approach have studied these things in

lights, and by correlated and critical investigations, far beyond your power, and have reached quite different conclusions.

Le Bon, the distinguished French writer, himself a skeptic, in his "Psychology of Peoples," says: "Religious beliefs have always constituted the most important element of the life of peoples and in consequence of their history. At all the ages of humanity, in ancient times as in modern times, the fundamental questions have always been religious questions. If humanity could allow all its gods to die, it might be said of such an event, as regards its consequences, it would be the most important event that had taken place on the surface of our planet since the birth of the first civilization. There is nothing so destructive as the dust of dead gods."

Beware how you singe your butterfly wings in that flame!

And now a word for the future of medicine. Hypotheses will continue to shift and change as they always have shifted and changed; but there is one matter, in which all physicians are deeply interested, either for weal or woe, which will grow, but will not change.

It is doubtful whether the *human* element in the physician has been improved in these later days in proportion to the universal average of advance in every other department of human knowledge; it is almost certain that the influence of the physicians, as a factor of society, has relatively diminished. This is a distinct loss to humanity, for in lieu of the broad-minded old doctors, the leaders of thought and opinion, the repositories and oracles of scientific knowledge in their communities, the dignified and distinguished professors of the "old regime," we now have a multitude of younger physicians who seem to seek to hide themselves in the surging crowds of great cities, where individual influence does not so much count; for it is a fact that in large cities is to be found not only the best field for those who are destined to transcendently excel, but also for those who elsewhere would fail to reach success, because they would fail to deserve it.

Aggregation leads to combination, and combination leads to monopolization; and monopolization is the shutting out of the individual, and the crushing out of individual effort and activity by the organized and all-powerful machine.

The individuals, unorganized, are a mob; organized and commanded by heads with skill and power, they are an army. And armies do not voluntarily disband while power is at hand and plunder in sight.

State-medicine, dispensary-medicine, hospital-medicine, municipal-medicine, township-medicine, these are the regiments, brigades, divisions and corps of an army of medicine which can eventually move councils, colleges, counties, states, legislatures, congresses, governors, presidents, and even the nation, in one irresistible body, against the old volunteer forces of science and art, which made medicine, which saw its birth, fostered its growth, performed its wonders, and gave us the "good old family-physician," now destined, it appears, with all he gave to the world and to humanity, to be ground up, at last, with medicine itself, in the one vast organized machine.

The advances of civilization and combination have made it possible; selfishness and greed are making it actual. The days of face-to-face, friend-to-friend, affection-to-affection, and heart-to-heart, are passing—perhaps, in large measure, they have already passed, and the individual doctors have done their best to bring it about. And those pressing foremost and seeing farthest saw the opportunity, and pressed forward to utilize it.

Medicine has become, or is becoming, an industry, and like all industries in these swift days, must be gathered in, and the little fellows gathered out.

In twenty years it is likely that every rural township, even, will have its central official hospital, like its official high school, with its official hospital staff, and its official nurses, its official telephones, trolleys, automobiles, ambulances, with its official dispensaries, and the whole machine, greased by public taxation, sitting or working on the spot, day or night, and sitting on the bait, all ready for action, while the little scattered black dots, now on the map, each of which now represents "the dear old spot, the doctor's home," will remain but as a grease-spot. A dozen political official appendages and attachés of the hospital can do, in some official sort of way, what a hundred physicians and surgeons have been doing, and when this system has become fully inaugurated, the poor old surviving doctors, if they themselves need treatment, after weeding their little gardens, can get it officially from the official



political boys; for at that time doctors attempting to practise medicine will not be permitted to put up their own medicines, but must have their prescriptions filled by regular graduates of pharmacy, or officials of official hospitals.

A short time before the death of Dr. Vischer he handed me for examination, a journal or report from one of the States of the Middle West containing an illustrated description, with plans, elevations, and other illustrations, and full details, of such a township hospital in one of those townships, which I kept for a week and carefully examined, and made notes therefrom. It was to me a most interesting and informing description, covering two or more illustrated quarto pages. The facts narrated were substantially as follows:

The township, which was a rural one, had a population of 6,000. The hospital was located on a trolley line, as nearly as possible in the centre of the township, on a rounded hill. It was a handsome two-story structure, with plenty of large windows, and with a kitchen in rear connected by a corridor. The cost of the structures was \$33,000, making the per capita, at 5 per cent., for the 6,000 inhabitants of about 28 cents annually. Fully equipped, the cost was about \$40,000, an annual per capita of about 35 cents.

There were two autocar ambulances, telephone connections with all the more important residences in the district, or with their near neighbors. The annual maintenance cost was about \$35,000 annually.

The staff and service consisted of a surgeon and an assistant surgeon, a physician and two assistant physicians, an apothecary or pharmacist, five female graduate nurses, and two or three student nurses, two men to operate the ambulances, and the usual kitchen and scrub-women inmates.

No part of the township was as far as five miles from the hospital, which could be reached by trolley from various directions, while telephone service was at hand at every moment, for calls or notices from or to every home in the township.

The cost per capita for carrying on this hospital was about \$6.00, so that a family of five would be at an annual expense, including hospital service, graduate nurses, transportation, medical and surgical attendance, food, etc., of about \$31.75, covering

everything, and this was to be raised by taxation on the amount of property owned by each householder.

The whole was arranged on the same system precisely as that in universal use for our common and high schools, so that the well-to-do paid the bulk of the taxes, while the tax rate was established by a popular vote.

A telephone call from any part of the township brought an immediate response and inquiry, and the ambulance was at once sent, if required, and within an hour the patient was housed and under treatment, a nurse provided, and the farmer's establishment went on as usual. An inquiry from the family at any hour brought a statement of the patient's condition, and the trolley was available for visitors, unless they preferred to hook up old Dobbin and drive in to see Mariar themselves.

In this materialistic age, when the highest branch of education is, first to get money, and then to keep it, and get more, such a system, if successfully instituted at a few points will spread like wild-fire, not by an arithmetical but by a geometrical expansion.

Of course, many of our physicians and surgeons "who feel their oats," and know how to get more oats, for the present, are not afraid of such hospitals. Their patients will flock to themselves just the same, and pay two dollars a visit, and keep a \$20.00 a week "trained nurse," every time the wife or one of the kids goes down with a spell of sickness.

Let some educated teacher try to start a private school, at private school prices and expenses, in such a township, and see how he will make out. The law of competition, and supply and demand, and of economy and facility, prevails here as it does everywhere else, for it is simply the law of least resistance, and he will find that his pay-patients, for what they can get for nothing, or have to pay for whether they use it or not.

"Will fold their tents like the Arabs,

And as silently steal away."

When I returned the paper to Dr. Vischer, he said, "Well, what do you think of it?" I said, in reply, "It's coming," and he answered, "It certainly is coming, and soon."

And at first sight it seems to be a most desirable system, and one that every one can understand, for the schools, the present hospitals, the dispensaries, the post office, rural free delivery, and

even the courts, police, army and everything else of these types, are object lessons which cannot be controverted.

But, in the long run, it will be found that the result will be disaster to medicine first; then to those who have known, taught, practised and healed; and finally, to that vastly greater body who will now be taken care of by salaried officials, who will take care of themselves and of each other, and who will in turn be taken care of by those "higher up," under the form of that ancient prayer, "God bless me and my wife; my son John and his wife; us four and no more. Amen."

Up until recent times the medical profession has been composed of brigadier generals, an organization of mutually independent factors constituting a vast scientific body joined together only by mutual aims and scientific and therapeutic purposes and for the public good, each contributing his share, great or small, to the common stock and for the benefit of health and sanitation, and for the alleviation of pain and suffering and the saving of life, and no scientific body ever contributed so much, not only in direct medication, but in human worth and standard wisdom, to the world's welfare; even outside, in many countries of high rank in civilization, wealth and prosperity, doctors were great factors in politics, statesmanship and learning. They were seekers and teachers, they kept the oath of Hippocrates, even in lands where the oath of Hippocrates was never heard of, and the writer of the ancient "Book of Wisdom" well said: "The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration."

The Chinese have an old saying: "In the country of the blind the one-eyed is king." When physicians become private soldiers in an army under official leadership, in which the official leaders are men who carry axes to grind, and grind them and use them, then these officials become the centurions, who say, "Go, and he goeth; Come, and he cometh; and to my servant, Do this, and he doeth it."

But the Good Physician, said to his followers "Ye know that they which are accounted to rule over the Gentiles lord it over them; and their great ones exercise authority over them. But it is not so among you: but whosoever would become great among,

you, shall be your servant: and whosoever would be first among you shall be bond-servant of all."

Of course, when independence and individuality shall be merged into organization and authority, there will be still many to serve, "to go, and he goeth;" "to come, and he cometh;" to do this, and he doeth it;" but only so many as must be ready, and willing, to crook the knee to political power and organized authority; while they who order and direct will be relatively few, and even they must sink their individuality before the throne of dominion, which "knows not the Joseph" of scientific knowledge and skill. That is the price of material success and of scientific atrophy.

When a science has become an industry, it ceases to be a science; when art has become an industry, it turns out machine-made imitations of what made it an art, so that Rembrandts may be turned out at ten cents a dozen.

And is this system destined to be the future of medicine among us?

Can this self-destructive career be halted, or its course reversed? Or do you want, and do you expect, a job there, too? You will find that many are called, but few chosen. There is surely room here for question and discussion.

I presume that many are acquainted with the lines below, of a well-known writer which depict, in some sort of way, such a tragedy, and which have been parodied and cartooned, as applied to the victims of trusts, freeze outs, and official monopolies.

In one of Herbert Spencer's latest writings he scathingly assails the modern system of official and materialistic teaching and practice. "Though in the presence of multitudinous schools, high and low, we have the rowdies and Hooligans, the savage disturbers of meetings, the adulterators of food, the givers of bribes and receivers of corrupt commissions, the fraudulent solicitors, the bubble companies, yet the current belief continues unweakened. After two thousand years of Christian exhortations, uttered by a hundred thousand priests throughout Europe, pagan ideas and sentiments remain rampant, from emperors down to tramps. Principles admitted in theory are scorned in practice."

I am not saying that these results to medical science and practice are inevitable. I am simply endeavoring to sound an alarm,

a warning if you will, that your heritage is in danger, that four thousand years of achievement are likely to be overwhelmed by the materialism of the age. But I know, too, that this materialism will pass, and that a sense of higher things will prevail, and when this knowledge and sense come they will come to stay. But, will you be there to see? Apathy is, often, a deadlier foe than revolt. You have a heritage, one of the grandest ever given to mankind; will you keep it? It was given to you; will you transmit it to your children?

"But it came to pass, as such things will,  
When people are satisfied,  
By simply sitting, and sitting still,  
Content itself may be armed to kill,  
Till voice and will have died."

And this is Kipling's little rhyme of "Danny Deeever :"

"What are the bugles blowin' for?" said Files-on-Parade.  
"To turn you out, to turn you out," the Color-Sergeant said.  
"What makes you look so white, so white?" said Files-on-Parade.  
"I'm dreadin' what I've got to watch," the Color-Sergeant said.  
"For they're hangin' Danny Deeever, you can 'ear the Dead March play,  
The regiment's in 'ollow square—they're hangin' him to-day;  
They've taken of his buttons off an' cut his stripes away,  
An' they're hangin' Danny Deeever in the mornin'."

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## SUMBUL IN CARDIAC LESIONS

Read before the New Jersey State Homœopathic Medical Society at  
Atlantic City, May 9, 1912.

**By Wallace McGeorge, M. D., Camden, N. J.**

*Sumbul* is obtained from the root of *Ferula Sumbul*, a tall, umbelliferous plant, and has a musky odor in the freshly prepared state and a bitter aromatic taste. It is better known commercially as musk root, and is used by crafty dealers to increase the bulk of the animal product by adding small portions of the vegetable root to the odoriferous sack of the musk deer. In fact, it was brought to Russia from Eastern Asia where it grows, as a substitute for musk in 1835, and later was recommended as a cholera remedy, but it did not make good in that terrible scourge.



It is given as an antispasmodic and as a tonic, especially in nervous diseases, by those who prescribe it, and owes its medicinal properties to a balsamic resin and an essential oil. At the present time a majority of physicians consider *Sumbul* inert, and, as a matter of fact, in its crude state its action is very slight. On the other hand, some large proprietary druggists extol it highly, and recommend it for many ailments. It was seriously contemplated to leave it out in the revised dispensatory, because so many leading physicians consider *Sumbul* of little use, but the influence of the drug houses prevailed, and *Sumbul* will be found in the next edition.

*Sumbul* was proved in England just sixty years ago, and the result of the proving can be found in Allen's Encyclopædia of Pure Materia Medica. Quicker time can be made by referring to Hering's Guiding Symptoms. Apart from these works, there is little in our literature about this drug. My attention was called to this remedy by an item in the RECORDER praising it in cardiac asthma. It was a real find, and has helped me many times in relieving the dyspnœa of elderly people suffering from arteriosclerosis and cardiac lesions.

Like every homœopathic remedy, *Sumbul* is useful when indicated, and like most of our remedies, it fails to act when it does not cover the totality of the symptoms. It is not called for in every heart lesion, in many it is valueless. But when it is the indicated remedy nothing can excel it in efficiency.

In my experience *Sumbul* has been most useful in elderly people suffering from cardiac asthma when there is sclerosis of the arteries, indicating a calcareous deposit in the aorta, or calcification of the coronary artery and in myocarditis. I have seen more cases in males than females. As a rule, these cardiac patients suffer no pain; they come for relief because they cannot get their breath after the least unusual exertion. Examination of the heart generally gives negative results, but a sclerosis of the radial and temporal arteries is quickly ascertained.

Before I knew the value of *Sumbul* I had been giving my patients *Bryonia* for the dyspnœa aggravated by motion, and *Arsenicum* when, with the dyspnœa, there was an irregular pulse; but the relief was only temporary, in some cases no relief whatever.

The *Sumbul* I have used was prepared by Boericke & Tafel,

and I have some with me to-day. The vial labelled A contains the officinal tincture prepared according to the old school formula. That labelled H is the homœopathic tincture. There is very little difference in the color, but the homœopathic preparation is more aromatic and decidedly more bitter than the other. The first and second potencies I have prepared from B. & T's tincture.

At first I used *Sumbul* in drop doses of the mother tincture, but the relief was very slow, just enough to see that there was some improvement. Then I gave the first potency, and several observations convinced me that I got twice as good results from the potency. But the improvement would only go so far and then gradually cease.

Then I gave the second potency and watched for results. In every case the report was favorable, and I observed two things that pleased me and one that surprised me. When my patients returned they promptly said they were better, they could walk longer without dyspnœa, and they rested better at night. Close observation showed me that the capillary circulation was fuller, the skin in the face and hands was clearer, and from the increased cutaneous circulation the skin rounded out and my patients looked several years younger. This was very gratifying to patient and physician.

The symptom that surprised me was this: While three of the patients, all males, one sixty-one years, one seventy-six years, one eighty-one years old, looked better and the arteries were softer to the touch, there was a distinct murmur heard over the mitral valve at the sternal line in the two oldest, and at the base in the aorta in the man sixty-one years old; in none of these cases had I heard this blowing sound before giving them the *Sumbul*. Two of them had had irregular action of the heart, but under *Sumbul* the irregularity had ceased and the bellows sound more distinct.

In one case the bellows murmur was heard plainest in the second left intercostal space close to the sternum, but after two months under the influence of the second potency, the sound became more marked at the apex, showing the murmur followed the direction of the blood current as is usual in valvular lesions.

In a case of myocarditis in an obese widow fifty-three years old, who had been partially relieved for some time by *Arsenicum*, the case gradually broke down, she could not go out of doors on

account of the extreme dyspnœa, and it looked as if her end was near. *Sumbul* 2x was tried as a last resort, and helped her very quickly. It enabled her to walk around a little; it removed the irregularity of the pulse, and with a little help she could go up stairs to bed. General improvement was manifested, which has continued up to the present time.

In cases where the patient does not complain of dyspnœa, unless he moves about, in those cases where there is no pain or suffering or oppression as long as the patient sits still, in those cases where he almost loses his breath from going up a few steps, *Bryonia* is the better remedy. Under *Sumbul* the patient can move about but must stop every few minutes to catch his breath, and is not aggravated by short easy movements.

Dr. Moore, the resident physician in the West Jersey Homœopathic Dispensary and Hospital, reports marked success in the treatment of all forms of asthma with *Sumbul*. In one case that had been to six other dispensaries before she reached ours, the patient said this was the only medicine which permanently relieved her, and she thanked him for curing her after all others had failed.

I have observed that the purring sound and bellows murmur shifts about while taking *Sumbul*. Sometimes it is heard plainest over the valve, at other times at the apex or at the base, and occasionally it can be found only in the posterior position under the left scapula. Hering gives a similar symptom.

In my opinion *Sumbul* helps all cardiac cases by increasing the heart's action and pouring more blood through the capillaries, in this way nourishing the parts that had been deprived of the blood which in a normal condition would have been supplied them.

In closing, I wish to go a little further in the treatment of these grave cases. Many times these arterio-sclerotic patients with valvular lesions have more ambition than bodily strength, and work beyond their strength. Many times the necessity to support their families forces them to work when they are not able to work as is expected of them, and they tire their hearts so much that they cannot rest at nights. When this is the case and *Sumbul* loses its hold and fails to relieve them, or when they have to sit up at night because they are afraid to go to sleep *Lactuca*

*virosa* follows well after the musk root. Away back in the sixties Professor Lippe gave this symptom for *Lactuca*: "Great oppression of the chest at night, waking him from sleep and obliging him to sit up with anxious suddenness; feels as if he would suffocate, and suddenly he finds himself on his feet in the room."

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## A SUGGESTION IN THERAPEUTICS.

By F. M. Padelford, M. D., Fall River, Mass.

Several years ago a man of about sixty, who for a long time had been a sufferer from dyspepsia of a flatulent type, came to me complaining of a sensation of heat, or of burning, at the neck of the bladder. In view of the fact that he had been working in an atmosphere more or less impregnated with turpentine I assumed that this probably was the cause of the trouble and that if he could be protected from such exposure the condition would soon disappear. *Cantharis* was prescribed.

A few months later my patient returned, stating that he was passing blood in appreciable quantities, urinating at times with considerable difficulty and with some little pain. *Hamamelis* in a low dilution, and later in the fluid extract, had no effect on the hæmorrhage, as far as I could see, and neither did *Thlaspi Bursa Pastoris*. *Lycopodium* (12x, if I remember rightly) did control the bleeding, or seem to at any rate, but the administration of this same remedy in infrequent doses of the thirtieth centesimal failed to prevent the occurrence of a much more severe attack in February of the following winter. There then developed a condition of extreme pain on urinating, the pains being of a cramping, shooting character, accompanied by a sensation of heat and burning, felt most at the end of the penis. The distress was worse near the close of and immediately after urination. The urine was highly colored with blood, contained many blood clots and what appeared to be fragments of organized tissue. These fragments, when examined, were found to be made up of fibrin and blood cells. On two occasions catheterization was necessary.

The acute stage of this attack lasted for several weeks, during which time the patient was confined to his home and so much reduced in strength that it was only with difficulty that he could

get up and down stairs. On examination the prostate was found to be somewhat enlarged. An able consultant advised early operation, but this advice, which may have been good, was not followed.

Here was a case of hematuria and dysuria with a history of a long-existing digestive disorder of a flatulent type. The patient was of spare flesh, nervous and active, and, up to this time, strong. Family history was excellent.

Tongue was clean, appetite erratic, bowels regular—no tendency to constipation. There was more flatulence in the stomach than in the intestines. This condition, troublesome at all times, was commonly worse after retiring at night, and was then so severe as to prevent sleep, which would come only after a small quantity of California Tokay wine had been taken. This always relieved. The imported variety did not produce the desired effect. Since the bladder had become involved pain frequently would start somewhere in the abdomen and shoot down into the region of the prostate gland.

Various remedies were prescribed, but, with the exception of *Lycopodium* (in a low trituration), none seemed to exercise any very beneficial effect. *Conium* I used in both high and low dilutions. In any potency it invariably aggravated the condition, and, as far as I could see, that was all that it did do. *Lycopodium* did certainly control the hæmorrhage, but it did not seem to really cover the case. I shall not attempt to enumerate, in detail, the remedies that were prescribed, first and last. After weeks of study and experiment—and worry—I gave *Cal. phos.* 6x. Within a few hours after the first dose there was more blood in the urine than had been seen for a long time. This soon disappeared and later there was a decided aggravation of the digestive symptoms. Of this there was no question. This aggravation was followed by a most decided change for the better. There was a marked gain in weight, and a noticeable and pleasing change in the man's mental state.

In view of what had already been accomplished and of the results which had followed the administration of the *Cal. phos.*, it seemed as though this remedy, if rightly used, should suffice to complete the cure, but this proved to be a vain hope. It was only after *China* had been prescribed that the vestiges of the trouble



really disappeared. This remedy was first given in the thirtieth centesimal dilution. It helped some, but the 12x did more. The dilutions between this and the sixth decimal finished up the case.

In a case that was similar to the above in some respects, the primary trouble, however, being in the prostate—as it seemed—and the nervous and digestive symptoms secondary to this, *Sabal serrulata* worked well indeed. The tincture at first relieved, then caused a marked aggravation. The 2x, and later the 6x, had a most beneficial effect.

Since treating the case which I have described in detail above I have had two cases that were similar in character, but much less severe. One, in which there was no hæmorrhage, the chief complaint being of a sensation of burning or of heat felt most at the end of the penis, worse before going to stool, was helped at once by *China* 6x. Later it seemed necessary to give the same remedy in the 5x and then in the fourth decimal dilution. This seemed to effect a cure. The patient was about seventy.

The second case was one of hæmorrhage, evidently from the region of the prostate, in a man between sixty and seventy. There was no pain of any consequence. Under *Lycopodium* 6x the bleeding soon ceased. The case was one in which, irrespective of the local condition, *Lycopodium* was clearly indicated.

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## THE MEETING IN NEW JERSEY.

Down at the ocean's metropolis, sometimes known as Atlantic City, which place everyone has visited (or will visit), the New Jersey State Homœopathic Medical Society held its Fifty-ninth Annual Session. The headquarters was at the Hotel Chalfonte, right on the world-famous boardwalk. The Chalfonte is all right.

And Atlantic City? Just the same as when you were last there, except that it is bigger and more attractive, with its endless boardwalk, flashing electric signs, attractive shops, idling people, rolling ocean—and chairs. Young's Pier is a blackened wreck from fire, but they are at work on a world-wonder new concrete pier, half a mile long, on which (they say) will be a hotel out over the water. That would suit us—and many others—if we had the price; for Atlantic City, while very broad-minded

and liberal, is no place for the impecunious; though, for that matter, we have never struck the place that was.

Well, the meeting was on May 8-10th, and big Dr. A. W. Atkinson, of Trenton, was president. We say "big" advisedly, for Atkinson physically towered above most of the rest of us. He was an excellent presiding officer, genial and courteous, but who could gently, yet with firmness, clap on the brakes when necessary. In accordance with an old custom, Dr. F. P. Ekins, of Paterson, was moved up to the office of president for the ensuing year—the only contest in this society is on the third vice-president who, once elected, rises through the ranks of officials to the office of president in the fourth year afterwards without contest. Judge Kittle, in absence of His Honor, Mayor Bacharach, officially welcomed us to the city; he wasn't quite as broad-minded as the Cleveland official who, a few years ago, welcomed our Buckeye brethren and offered to go bail for any of them, and see to it that they had tickets home. However, Mr. Kittle, being a judge, had to avoid levity, but, at any rate, he presented the president for the society a big key to the city which looked like it was made of silver and was about a foot long. The president gravely received it. We were a little doubtful whether the ceremony was a dry, judicial joke or a solemn rite.

As this is not a report of the meeting, but merely a gossip letter, you need not go any further if in search of solid and useful information. The papers were good and interesting—the one by Dr. Wallace McGeorge, of Camden, is printed elsewhere in this issue of the *RECORDER* and may be taken as a specimen of the one section which especially appeals to this journal.

The discussion on Dr. O. S. Haines' paper, on "The Fundamentals of Our Therapeutic Art," would have made a good bit of reading in itself, for it was spicy and to the point. It, the paper, dwelt largely on the use of the Repertory, a subject that is attracting a great deal of attention lately. Haines contended that the comprehension and use of the Repertory would make anyone a therapeutic expert; he touched on common mistakes in the use of the Repertory, and showed how a case should be taken hold of to get the best results. One gentleman replied that doctors had to live and could not if they had to spend hours over each case in "working it out by the Repertory," which, had the public been

present, was a risky thing to say, for it would have plunged them in profound doubts. Haines came back with the retort that hours, even days (to say nothing of the money), are spent over getting a bacteriological report which when received gives light on the diagnosis only, and, he asked, is not a remedy of equal importance? This was something of a poser and led one member to make the rather good suggestion that there ought to be Repertory specialists to whom cases could be sent for analysis. In learning to use the Repertory, it was contended by the essayist that it is the first step that costs—first know *how* to do the work and then each case thoroughly done makes the next one easier until finally the right remedy will come almost as easily as a “keynote.”

This discussion brought out another “phase of modern thought” that is suggestive—you will find it bobbing up in all medical meetings. One member told of a case of inflammatory rheumatism in which by following the symptoms of the case from “generals to particulars” he was led to the rather unexpected remedy, *Sepia*, which proved to be very brilliantly successful. One of the “generals” was the strong craving for acid which led the patient to take the juice of three lemons at one time. Commenting on this another member said that, looking at the case scientifically, probably the cause of the illness was the acid of the lemons, and when this was eliminated recovery followed. “*Sepia* had nothing to do with the recovery.” This reasoning reminds us of the case of Frederick in the Pirates of Penzance who was “apprenticed to a pirate.” The number of his birthdays, his age (he having been born of the 29th of February), caused his employer to remark “there is a fallacy somewhere if we could only find it”—or words to that effect. In this *Sepia* case the craving developed after the disease. Also had the craving preceded the disease, or had it been habitual, is it not an abnormal state requiring treatment?

Everyone knows that you meet this point of view in homœopathic medical societies and journals, and it always raises the suspicion of a logical fallacy lurking somewhere if we could only find it. Without going into the correctness of the scientific point of view, or taking the somewhat spineless position that there is “good in all systems and no one has a monopoly of truth,” the

fact remains, hard and clear as a diamond, that homœopathic societies, journals and colleges are founded on the therapeutic law commonly known as "Homœopathy;" if they deny it their one reason for existing ceases, and if they continue to exist it must be in a nebulous state or as camp-followers of the "regulars."

One fallacy that bothers many otherwise good men of *similia* is the cry that "we must keep up with the times." Well, what is to prevent it? Therapeutically stick to your firm ground; in other departments go the limit, for there is nothing contradictory in doing so; only do not mistake the therapeutic fads boiling up in the lava bed of "scientific" medicine for "progress;" it is merely hot bubbles constantly expanding and bursting, as everyone who has followed medical history knows. Plant your feet on the only medical principle that has remained unchanged and triumphant for over a century, Homœopathy. On it you are not only "up with the procession," but far ahead of it. Aside from this keep up with the *real* discoveries, which after all are not as many as one might infer from the noise made.

As said before, there were many fine papers, but we have not the space, nor indeed the ability, to give abstracts of them.

There were quite a goodly number of exhibitors present, twelve in all. Whoever had charge of this end of the meeting—we believe it was Dr. Beckwith, once of Cleveland, and now the famous "beach surgeon"—did one thing worthy of emulation by all other committees, namely, he had tables already in place for the exhibitors. When an exhibitor has to rush around for a day to get a table he is apt to feel grouchy and inclines to "cut it out" in the future. Exhibitors represent responsible houses with meritorious goods: their money helps the local committee and their goods should receive the good-will and attention of the society.

Quite a large number of prominent physicians from other States were present, the New Yorkers and Philadelphians being able to "take in" the meeting and return home the same day. As always before the impression was made that every physician should be a member of his State Society and, in the words of Treasurer Hetrick, of Newark, "pay up!"

May 11, 1912.

E. P. A.

## THE OWEN BILL

The official journal of the A. M. A. lately has been printing parts of the debates in the Senate on the Owen bill that are rather interesting. The space in the May 11 number devoted to this subject is chiefly taken up with a speech by Senator Owen which was brought out by the fact that his brother Senator, Culberson, of Oklahoma, presented a petition from the people of that State against the bill. The names of the cities and towns, together with the number of signers in each place, is given in the *Journal*, covering about a column, set solid in small type, showing that the protest was a strong one, and probably the fact that it was from Senator Owen's own State aroused him to make this speech.

He starts in by speaking of "these alleged protests," though wherein they differ from a real protest is not very clear. He said that the bill would not in any way interfere with "the right of the citizen to choose his own practitioner," or with any practitioner of any school, "that matter being confessedly in the control of the police powers of the State." This, no doubt, is correct, but the question arises: Who directs the medical police power? He said these protests against the bill are "mechanical and artificial \* \* \* based on gross error and obvious misinformation." Also, "the statement that there is no public demand for such legislation is also not true," in proof of which he read a telegram from a medical society showing that "330 physicians practicing non-sectarian medicine" favor the bill. Needless to add that these "non-sectarians" are what are popularly known as "allopaths," whose national organization is back of the Owen bill, into whose hands would come whatever power the bill confers. These generally estimable men claim to be non-sectarian, but philosophically considered they are *more* sectarian than any of the so-called "sectarians" who are at least free from the trammels of "authority" which so tightly bind the "regulars." In fact, it is known that men have been expelled from their body for being so non-sectarian as to practice a little Homœopathy, where it was thought to be good, by these mis-guided "non-sectarian" authorities.

The Senator said that his bill did not enlarge the powers now existing, but only consolidates various bodies into one department.



Later on he said: "Every day of the year over 1,700 people die by preventable diseases in this country whose lives could be saved if we had an intelligent administration." If the bill, as the Senator said, does not enlarge existing powers, this is a pretty severe comment on those who are now exercising them, and it is hard to see how consolidation could make the practice, or men, more efficient or intelligent.

There is another view of this matter that is worthy of attention, namely, the attitude of those who are supposed to be benefited by the proposed department, "the people." The Senator, in effect, says that the only opposition comes from the ignorant, stirred up by the patent medicine men. Does this apply to the people from his own State who signed the petition? Why was it that the crew of a battleship (according to the newspapers) recently rebelled against medical paternalism and had to be brought to terms by an armed force from other ships? Why was the boiler-maker on the battleship Ohio kept in irons and court-martialed for refusing to obey medical orders when he was in a state of health? Ignorance? They have had the personal experience even if they are ignoramuses. Personally we know many very intelligent men who are not directly or indirectly connected with patent medicine who oppose this bill. It would be a safe wager that if this matter could be put to a popular vote it would be "snowed under."

The truth is that the people ought to be quite as competent to choose their medical men as they are to choose those who represent them in legislative bodies. Perhaps they are not competent to do either, but that is another story, the living of which would throw the present drama into the shade. The medical officials to-day have almost unrestrained power, as one of them recently declared when he said "the law for epidemics is like the law for war—the end justifies the means. Anything goes in the presence of danger." There is no appeal from their orders even though they be mistaken, which, being human, they frequently are, indeed they must be, if, with all this admitted power, there "are over 1,700 people" dying every day who ought not to die.

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### **HOMOEOPATHY "NOW INADEQUATE."**

A physician sends us a marked copy of the *Boston Medical and Surgical Journal* of April 18 containing a paper by Dr. E. E.

Southard, of the Harvard Medical School, entitled "The Significance of a Homœopathic Foundation for Clinical Research and Preventive Medicine." Dr. Southard writes at the end of his paper: "Personally I have the greatest respect for homœopaths, but no more for Homœopathy than for many other systems helpful in their day, but now inadequate."

Wherein, and why, is Homœopathy, once "adequate," "now inadequate?" The paper does not tell us, probably for the very good reason that its writer cannot. Have you ever noticed that the showy, and somewhat theatrical, thing that elects to term itself "Scientific Medicine," like the youth whose banner bore the strange device, "Excelsior," is always aiming at higher things, but never getting there in a practical manner? Ever striving for the top of the snowy peak (or elsewhere) and ever found by the San Bernards in the snow, but still grasping the banner? It is noble, but not very practical.

If Homœopathy was adequate once it is adequate today, for humanity and matter have not changed in a century. Dr. Southard mentions Jenner, Fichte, Schelling, Hegel, Bichat, Dalton, Lamarck and others as in the same class (broadly speaking) with Hahnemann. But were they or, rather, that for which they stood? Jenner's idea has been repudiated in the land of his birth, while elsewhere it is only held in its place by the police force, and would probably be down and out in a hurry if what T. R. calls "the people" were allowed to vote on it. As for the other men mentioned by Dr. Southard, we doubt if there are many readers of medical journals who could tell, off-hand, what they stand for. But that for which Hahnemann stands is very much alive today. The youth who bear the banner "Excelsior," who regularly perish in the snow of oblivion—or their therapeutic discoveries perish, which is the same thing—do not, and never did, love Homœopathy, but have gradually come to see that they cannot "down" it and so have a certain respect for it. Why cannot they "down" it? Because it is still "adequate," and *there is nothing in the whole range of Scientific Medicine that can take its place* when a real scientific cure of disease is to be made. This is the cause of its vitality.

Dr. Southard, and thousands of others very learned and undoubtedly scientific in everything medical excepting *curing* dis-

ease, have one very absurd bee of error buzzing in their bonnets, namely, concerning the meaning of the word "Progress." With them, with all due respect, "Progress" seems to be but a synonym for "Change"—if anything is five years old it is "out of date." Now we strenuously maintain that this is not Science, but, let us say, the restlessness of error. If *Aconite* will quickly, pleasantly and surely relieve a certain abnormal physical condition, as every experienced homœopathic physician knows it will better than anything else, why in the name of Science, Medicine, the Gods and everything else, should a doctor seek some other and "later" method which generally will not relieve but make things worse, as witness the antipyretics!

As for the origin of disease, that is another matter with which Homœopathy (*cure*) as a science has nothing to do. And on this point it is safe to say that the microscope of the bacteriologist will never discover the *cause* of disease. It is a scientific truth that out of nothing nothing can be created. Man cannot create matter, neither can he destroy it. The microbes which the bacteriologists see are but transformed tissue. When you can find the influence that transformed it you are getting near the philosophical cause of disease.

The RECORDER is always ready to take off its hat to Science, *i. e.*, established truth, but not to speculation and theory, too often punk, that passes current for science with many enthusiasts. Homœopathy has remained unchanged for over a century save by the natural growth of added remedies; the reason for this fact is that it is scientific truth and every man can see that you cannot deviate from truth without falling into error. What of the other side? Therapeutically it changes almost with the seasons (and the German chemists); there is nothing fixed about it, nothing stable. At intervals a therapeutic rocket goes up amid the Ohs! and Ahs! of an admiring multitude, it splendidly fills the sky for a brief moment and then there follows darkness, marked by the dull spark on the descending stick. "Further investigation is necessary," etc., is its end. Indeed Johns Hopkins admits of but four remedies, and intimates that even they "don't amount to much." We would respectfully suggest that our learned friends confine themselves to the many other branches of medi-

cine and call in a skilled homœopathist when they need therapeutics. They must come to it if they wish to plant that banner on the top-most peak.

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### IS DISEASE INTRINSIC OR EXTRINSIC?

The following is from the editorial page of the *Buffalo Medical Journal* of April:

"The HOMŒOPATHIC RECORDER of January, 1912, in its leading article, comments on Sir Henry Butlin's admission to the Royal College of Surgeons that the present probability is in favor of an intrinsic origin of cancer and asks why we should not hold the same view regarding poliomyelitis, tuberculosis, etc. We may reply that the reason is about the same which leads juries to indict certain men, bring in definite verdicts against others, and acquit still others. The tubercle bacillus has been tried and found guilty. Only the most unexpected discovery of fresh evidence can secure a reopening of the case. Poliomyelitis is in about the same state as a sudden death, with everything pointing toward murder and against suicide, with certain suspicions aroused, but with no evidence sufficient to convict any individual. As to cancer, a number of arrests have been made, but in each case an alibi has apparently been proved, and many authorities are getting around to the opinion that it is a sort of suicide and not due to an extrinsic cause. The case is not clear as yet and we have no opinion to offer. But why should a disciple of Hahnemann who taught in the plainest way, even to the point of exciting ridicule, that diseases were due to an extrinsic, living cause, imply a hostility to the scientific working out of this theory?"

The RECORDER is animated by no hostility towards any body of men or theories, or scientific investigations, in medicine. The genesis of disease is, as the *Journal* puts it, either intrinsic or extrinsic, which, we take it, means within or without the man who is ill. As a rule, the medical world today holds that all disease comes to man from without in some form of infection, while we incline rather strongly to the belief that the real beginning is within man. Like all general principles there are many somewhat confusing exceptions to both views. Sir Henry Butlin found one to the extrinsic view in cancer and, on the other hand, the intrinsic runs up against them rather oftener in the matter of ma-

laria, typhoid and the venereals; also in such as diphtheria, scarlatina, etc., yet these latter show the peculiarity that all who are exposed do not contract the disease, as indeed holds true to a certain extent of the first named. It is rather a deep subject and, as Butlin said of cancer, when you have solved it you are getting near the real origin of disease, whether it be, as the extrinsic view has it, a case of poisoning, or, according to the other view, the result of your life or heredity. The latter is partly acknowledged by those who look to germs as the sole cause by admitting that without the "soil" the germs are powerless.

It is a bit amusing to have our esteemed friends on the other side citing Hahnemann in defense of the extreme modern views. The *Journal* ought to take down its copy of the *Organon* and give it a careful reading. If it has no copy of that greatest of medical books we will send it one if it will give it a candid review in its columns. Indeed this offer will hold good to any "regular" medical journal that will promise a frank review, even though it be as savage as those of the old "Scotch reviewers" used to be.

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### MULLEIN OIL.

By Dr. George B. Jones, M. D., Wauwautosa, Wis.

Mullein oil is of more general application to one familiar with it than I can learn from anything I have found in print. I report to you some of my own cases:

*Case 1.*—Mertie B., aged sixteen. Called to see her May 20. Found her suffering great pain in the right ear; parotid gland very much enlarged and painful; the right side of the head and face very much swollen; pulse about 100; tongue coated.

*Treatment.*—Mullein oil in the ear, and used as a liniment twice daily on the swollen parts. For the fever, *Aconite*. Great improvement during the first twenty-four hours, and on the 23d found the case convalescent.

*Case 2.*—Carrie H., aged twenty-two. Her second child four weeks old. Called November 15. Right breast inflamed and sore. Two weeks previous it had been lanced by another physician, a little above the nipple, but now a place a little below and to the left of the nipple gives evidence of forming pus. I told her that in my judgment it had gone too far to check it then.



*Treatment.*—Mullein oil, one-half ounce in four ounces of water. Wet and apply. The inflammation and soreness disappeared in one week, and by the use of the same remedy occasionally has entirely recovered without breaking. Her husband, when he paid me, said: "Well, you have done better than any of the rest of the doctors."

*Case 3.*—Linford S., aged sixty-four. Called to see him September 20. Has just recovered from typhoid fever, but is able to be around. Taken with inflammation of the right testicle; swollen to the size of a goose egg, and much pain; red and shining appearance of the skin. Cause unknown, unless it was in connection with chronic enlargement of prostate gland.

*Treatment.*—Mullein oil applied twice daily as a liniment. *Mercurius sol.* internally. In three days the soreness and pain had entirely disappeared, but the enlargement continued several days. He walked around with ease three or four days before the swelling had diminished any.

*Case 4.*—F. C., aged thirty. Called November 16. Found inflammation of left kidney and left testicle. Had been under treatment by another doctor, and had recovered, but relapsed. Suffered much with pain in the testicle, which ran up the spermatic cord and through to the left kidney.

*Treatment.*—*Cantharis* and *Aconite*, as there was some fever. Mullein oil applied to the testicle. Rapid improvement during the first twenty-four hours, and made a quick recovery.

I have also cured a case of chronic inflammation of the eyes, and a case of chilblains, from which the patient had suffered, during the winter, for about six years.

Every drug has its exact range. This one being new to the profession we are just learning what it will do. In all these cases the mullein oil has had an outward application twice daily.

Enough provings have not been made to develop the full symptomatology of mullein oil, but another important sphere seems to be in urinary troubles. Clinically it has proven of the greatest virtue in that affliction of children, so trying to both friends and physicians, viz., nocturnal enuresis. Professor Moffatt, of New York, has reported several cases of this sort in which the common remedies (*Belladonna*, *Hyoscyamus*, *Causticum*, *Pulsatilla*, *Sepsis* and *Sulphur*) had failed, but which were promptly cured,

or very much improved, by mullein oil. It is also said to be highly serviceable in affections of the ear—applied externally—due to inspissated cerumen or dryness of the drum-membrane. It should be prepared from the blossoms—verbascum is simply the alcoholic tincture obtained from parts of the green plant.

*Comment.*—I have used this remedy often with excellent results. When exactly indicated it is a most satisfactory remedy. At one time a prominent business man of this city, and a constant patron, had been gradually losing his hearing each year for some years until he was quite deaf. He had been under treatment with the prominent aurists of the city without results. He then consulted a New York physician. While still treating with him his wife called at this office to obtain advice for herself, and mentioned the fact with much concern that their little boy was rapidly becoming deaf like his father, and desired some simple treatment for him. I wrote for one ounce of mullein oil, three drops in the ear three or four times a day. A number of weeks after the gentleman called with a friend and during the conversation I incidentally inquired how his hearing was improving under the treatment of Dr. ———. "I am almost well," he remarked, "better than for years, but Dr. ——— did not cure me; do you remember the drops you prescribed for the boy?" After a moment's thought I replied, "Yes." "Well, I used the drops as you ordered for the boy, and improved from the first application, and stopped my visits to Dr. ——— very suddenly, thanks to your medicine."—*Ellingwood's Therapeutist*.

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### PRACTICAL HINTS.

Dr. Floersheim commends pineapple juice in loss of appetite except in cases where there is an ulcerated stomach. Pineapple juice also is said to have a remarkably favorable action in diphtheria.

In an old number of the *North American Journal of Homœopathy*, Feb., 1884, when Lilienthal was editor and F. E. Boericke publisher, Dr. W. C. Conant, of Montclair, N. J., wrote a paper, or letter, on his personal experience with *Rhus* poisoning. He had always suffered severely from it every year, nothing doing any good until he took *Bryonia* and *Sulphur* (each in third potency) alternately. This at once stopped the itching and spread

of the eruption. Also when taken as a prophylactic he could go among growing rhus without being poisoned. This is not "up-to-date," but is rather interesting and, if true of others, very useful.

The *Am. J. of Derm.* (May) says that one reason why men hesitate to use the X-ray on ringworm is that baldness frequently follows. They ought to read up Burnett's *Ringworm* to get at the true inwardness of this manifestation of a constitutional ill.

Dr. J. Murray Moore (*Brit. H. J.*, Dec.) writes that he always carries *Iberis amara* in his pocket case "because I have never yet failed to relieve tachycardia with it (usually in the IX), whether this condition arose from valvular lesion or from functional derangement." A drug that will stop this quick heart action without hypodermis is worth knowing. A writer in an old number of the *Hahnemannian Monthly* says it is an excellent remedy for the difficult breathing, palpitation, etc., arising from a dilated heart.

Dr. D. E. Ruff writes in *Therap. Digest*: "Having served as a soldier for four years in the Civil War, I have an enlarged heart, as have many others who have served as soldiers. A year ago my heart began to pain me constantly with an occasional sharp lancinating pain. I tried a number of remedies of my own suggestion, but obtained only temporary relief. I consulted Dr. G. Parks and he prescribed for me *Crataegus ox.*, ten drops four times a day. I could feel a decided relief after taking two doses, and in three days the pains were gone, I was feeling fine, and I have continued, up to now, free from pain. Only the enlarged condition of the heart annoys, especially if, after lying down, I then turn over."

Dr. Thos. R. Evans, Huntingdon, W. Va. (*Med. Summary*, May), contends that a little salt ever and anon is good for babies, and especially so in hot weather. How about it? Looks reasonable.

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### BOOK NOTICES.

HOME HYGIENE AND PREVENTION OF DISEASE. By Norman E. Ditman, M. D. 333 pages. Cloth. New York: Duffield & Company. 1912.

The world has been taught a great deal during the past few

years concerning "first aid to the injured," so Dr. Ditman concluded that a book on, as it were, "*first aid to the sick*" and, also, how not to get sick, might find a place in the world. Hence this work. In its plan the book starts with a section on "Abscess" and concludes with "Wry Neck," taking in on its way many things that are not diseases, such as the care of the hair, infant feeding, baths, holidays; in fact, one might say it touches on pretty much everything a family might want to know in these directions. Homœopathy comes in for some left-handed compliments, its chief use being, according to Dr. Ditman, in discouraging the use of drugs and demonstrating that the principal thing needed in treating a case of sickness is fresh air, proper diet and good nursing.

In many respects it is an excellent book, but when it comes to drug prescriptions we beg leave to draw the line. As a sample; after a page devoted to the external treatment of lumbago we read: "Internal remedies are such as these:—Aspirin, sodium salicylate or salicylate of colchicum." That is all. However it must be said in fairness that it is not the design of the book to go into medication, which, taking the above as a sample, is fortunate for the buyers.

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DEMINERALIZED FOOD AND CANCER. By Horace Packard, M. D., Professor of Surgery, Boston University. Reprinted from *Boston Medical and Surgical Journal*.

This is an interesting pamphlet, opening up a subject that is worthy of careful investigation. In brief, Dr. Packard holds that it is the demineralization of food, the absence from it of phosphorus, calcium, iron, silica, sulphur and other mineral salts that is responsible for many of humanity's physical ills. It is along the same lines that the late Julius Hensel worked on for so many years and expounded in *Das Leben*, *The Macrobiotic*, etc. The subject is very interesting and it is to be hoped that Dr. Packard will continue his investigations.

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## EDITORIAL BREVITIES.

DISEASE MICROBES AND NAMES.—Dr. Clifford Allbutt recently defined “disease” as “a certain assemblage and succession of symptoms, normal and abnormal, recurring with fair uniformity.” To this definition Dr. S. W. MacIlwaine, and the editor of the *Lancet*, objected, saying, in effect, that a disease is not a disease until its cause is known; to which Allbutt retorts that then typhoid was not a disease until Eberth discovered its bacillus and scarlet fever is not a disease even yet. Probably the most interesting point in Allbutt’s last letter is the following which is respectfully referred to the gentlemen who confidently write that this or that bacillus is the cause of this and that disease. He writes: “Were the microbe the ‘definite and constant’ cause, every person into whom the microbe made an entry would become the subject of the disease, which, to use the word in its Euclidean sense, is ‘absurd.’”

CONCERNING TUBERCULOSIS IN ALASKA.—The *Lancet’s* U. S. A. correspondent says that the native Indian population has decreased 14 per cent. during the last ten years. “The large mortality is due mainly to tuberculosis, which always attacks tribes recently rescued from savagery and put into civilized clothing and dwellings.” Involuntarily there arises in the mind thoughts of that which we told is the sole and only *cause* of this disease. It does not require an over-heated imagination to fancy men of the future referring to “the curious germ theory so strenuously upheld by our benighted but honest fore-fathers.” The proposition that each disease tagged with a name is but the result of living,



self-propagating and migratory animals, a distinct genus for each disease, is rather a curious one.

“SWAT” ’EM.—Our scientific contemporaries are urging their readers that inasmuch as flies carry typhoid, tuberculosis, diphtheria and anything else of the germ nature lying about, they should be “swatted;” and that as mosquitoes carry malaria, yellow fever and the like, they should be screened out. This is good advice for human comfort, but the vital question is: Are the flies and mosquitoes the originators of the various diseases attributed to them? If they are, then our only hope is to live behind screens; if they are not, it would be more scientific for our contemporaries to urge the removal of the real cause—the stagnant and putrid water and filth that breed the disease and its carriers. There is no objection to unlimited screening and swatting, but it seems to us that our contemporaries have unscientifically put the cart before the horse. Wouldn’t “no filth, no flies” be a better battle slogan?

THE NEW ENGLAND MEDICAL GAZETTE.—This staunch old journal has passed its forty-sixth birthday. Dr. H. H. Watters has resigned the editorial chair to devote more attention to his special studies in the laboratory, and Drs. De Witt G. Wilcox and Arthur H. Ring have taken up the editorial work with, apparently, Dr. John P. Sutherland exercising a benevolent supervision. From the editorial announcing the change we note that the following men at various times have had editorial charge of this journal: Dr. Henry C. Angell was the first editor, followed by Drs. I. T. Talbot, Chas. L. Nichols, Walter Wesselhoef, Chas. G. Brooks, Herbert A. Chase, John L. Coffin, Herbert C. Clapp, John P. Sutherland, A. T. Lovering and finally Dr. Watters, who has just given the work up. The new editors in commenting on its history write: “Occasionally we hear the subtle criticism that the *Gazette* was born a trade journal and has never outgrown the birth-mark. Nothing is further from the truth.” We have known the *Gazette* for twenty-seven years and have never seen anything in its pages during that period that could be distorted into an accusation that it was advertising any house or proprietary. It has always been an ethically clean journal and we

wish it success, with the hope that it will not become too ultra "advanced."

THANATOLOGY.—Such is the title of the leading paper in the *Journal A. M. A.* (April 27) written by Roswell Park. The English of it is the "science of death." There is nothing more certain to man than that which we call death, nor, as Dr. Park shows, nothing concerning which science knows less. "Death is in many respects a biochemical fact," writes Park. At any rate, it is a coming fact to all living. This rather awesome subject has not been touched on here for comment, but to note the fact that Dr. Park mentions the theory that life is a property of the corpuscles which compose the atom, which corpuscle bears in size the same relation to the atom that "the tiniest insect" does to "a large church edifice." If medical scientists recognize this, why is it not rational and scientific to use the once laughed at infinitesimals of Homœopathy to treat the abnormalities of life—*i. e.*, disease?

THE IPSWICH SKELETON.—Dr. Arthur Keith delivered a Hunterian Lecture on the recently found human skeleton at Ipswich, England, before the members of the Royal College of Surgeons. This skeleton far antedates any other yet found. It was found "*beneath* a stratum of undisturbed chalky boulder clay." The height is estimated as 5 feet 10 inches, and no essential difference is to be noticed between it and the skeleton of a modern man. The immense period of time that must have elapsed since the burial of this man (there were evidences that he had been buried) leads Dr. Keith to the conclusion that the "later phases in the evolution of the human body" indicate "a very great antiquity." As, after all is said, evolution is but a theory and cannot be classed as science, why is not a rational man justified in the belief that man was created man, dog dog, cat cat and so on down the list to worms?

TOO MUCH MEDICAL LEGISLATION.—A doctor in England recently went through bankruptcy. The cause was too much medical legislation. To give but one example; the "midwife act" has so raised the status of those once humble satellites of the doctor that ladies now depend on them and ignore the medical man.

The bankrupt said that from this cause alone his income had fallen off \$750 a year. This note is merely a hint to those American doctors, so hot after new medical legislation, that it may react disastrously.

INSPECTORS.—The April issue of the *Long Island Medical Journal* is interesting. Dr. Bartley, president of the Kings County Medical Society, opens it with some caustic comments on the way the people are inspected. Once, he says, a man's house was his castle, but now it isn't, for everything about it, including his children, must be inspected, which fact multiplies jobs and adds to the taxes. We feel like shaking hands with Bartley. The clouds settled again later on, however, when we struck a paper by Dr. James P. Warbasse, who asserts that "the people are inadequately protected," and evidently wants more laws and inspectors. Bearing in mind what is noted elsewhere in this issue of the *RECORDER*, of the English doctor who went bankrupt from too much legislation, it may be noted here that mention is made in this issue of the *L. I. Journal* of thirty-five physicians who were displaced by nurses, besides others. Too much medical legislation will come home to roost.

LITHIA AND PROGRESS.—We find it in an exchange credited to the *Outlook*. In brief: An English doctor scientifically experimented with lithia and found it great in eliminating uric acid. It was adopted as the correct treatment—and, we may add, fortunes made in "lithia water." In time a German physician (Pheiffer, of Wiesbaden) experimented and reported that lithia, so far from eliminating uric acid and the gouty stuff, rather retarded elimination, and, after this was made known, the use of lithia generally ceased. In all this there was much investigation, much progress from one view to another, but there was no real science in any of it, such as comes from the brainy proving of any substance by the men of Homœopathy.

A PRESCRIPTION FOR WOBBLY HOMŒOPATHS.—In short, the prescription is a course in an old school post-graduate clinic, as recommended by Dr. Alice G. Anderson, of Los Angeles, Calif., in April *Pacific Coast Journal of Homœopathy*. She became ob-

sessed by the idea so diligently dinned in professional ears by allopathic and probably by some homœopathic, journals that a plain homœopathic physician is "behind the times" that she took a course at a famous post-graduate school. She describes some of the weird things done (or not done) there and concludes: "I think there could be a specific for a backsliding homœopath, provided he has a logical mind, and gray matter enough to do his own thinking without letting his brain wobble, and it would be found in a few old school medical clinics. There are other clinics where we meet on common ground, but that is another story."

"If we are rusty and discouraged, let us polish and brighten and build deeper and stronger our own good foundation, but be assured that a replating of pewter upon our golden shield will not add to its luster or make it more effective."

OLD AGE.—When so eminent a scientist as Metchnikoff informs the world that old age is "an infectious chronic disease" there comes a realizing sense of what strides are being made. Also in this discovery one sees foreshadowed the day when young and very energetic health officers will demand that all old ladies and gentlemen must be isolated and quarantined, for by many this disease is more dreaded than even the small-pox. Up to the present time Metchnikoff has not succeeded in isolating the germ of this disease and until he does so there is no hope of a serum for its cure or prophylaxis. In the interim we would advise the eminent corps of scientists who are working on this line to read what Dean Swift wrote about the "strulldbrugs" of Luggnagg. If we mistake not it is to be found in a book by the title of "Gulliver's Travels." It shows that another great mind in the past contemplated this problem. While without positive information on the point we suspect that Metchnikoff is looking beyond the germ of this dread disease, beyond the material serum or vaccine, for a remedy; indeed, according to the *May Cosmopolitan*, he is aiming to create life itself. If he can succeed his fortune is made; even Cræsus would be a man of moderate means when his "pile" would be compared with that which would flood to Metchnikoff. What would not — (well, you can fill in the blank) give for several bottles of "Life" guaranteed genuine under the pure food law? Metchnikoff, we believe (though not

speaking with authority on this point), is a created being endowed with life, and continually supplied with it, for, ordinarily, when the supply is cut off the finale of the disease, old age, occurs, namely, death. In view of this presumable fact in connection with the great scientist we cannot avoid thinking of a man trying to lift himself over the fence by tugging at his bootstraps. It is an absurd idea of course, but still it haunts one. And in connection with it arises the memory of that profound scientist (see Swift's book named above) who spent ten years trying to manufacture sun-beams. To be sure this gentleman had not the advanced learning of Metchnikoff, but he was a pioneer on the same great, old highway that leads to queer things.

A NOTE ON "MORALITY."—"But the puritanical moralist will tell us that a man should suffer for his sins, making him responsible for instincts given him by Nature——." This is a detached and unfinished sentence taken from a paper by Dr. G. T. Schwartz, of the State Health Board of Rhode Island, in May *N. A. J. of Homœopathy*. If Dr. Schwartz' moralist had substituted "must" for "should" he would have come near to the actual fact. If a baby grasps the pretty light of a candle it *must* suffer even if it *should* not, for gratifying an instinct given him by nature. Perhaps the penalty follows to teach man by science that his instincts are, from some reason, perverted. A dog lives his life without suffering penalties of this sort, but then he never advances. If men were so endowed they would remain stationary to the end of time as dogs do. Later on, in the same interesting paper, Dr. Schwartz asks what about the babe born infected from the beginning? Ay! there is another, and much worse, problem. It seems that its only solution is for every man to "sweep his own doorstep." Can you not imagine men perfect physically who are literally fiends incarnate? Nero, Caligula and others, for example. This thing of reforming the world is a big job.

A PROPOSITION TO HEAD OFF TYPHOID.—Among the recent "abstracts" is one of a paper by Dr. Panayotaton, an international health officer at Alexandria, Egypt, who proposes that the stools of all aboard a ship shall be bacteriologically examined before per-



mitting them to land, and all those whose excrement shows them to be "carriers" are to be quarantined. This would furnish employment (how be it somewhat nasty employment) to many young men. The idea, or the impulse, to prevent typhoid, is a noble one; but whether this somewhat vexatious (to the passengers) work would accomplish the end sought is a matter about which honest men might differ. Some might argue that the excrement of even the healthy should not be permitted in the food or drink of the people. Others might, with considerable force, point out the fact, given in our text-books, that any human excrement will cause typhoid, as, witness the many cases where the seepage from old privy vaults has crept into the well supplying water, and also the prevalence of the diseases in filterless towns drawing their water supply from streams containing more or less sewage.

All this, and more that might be advanced, seems to lead to the conclusion that it would be wiser for our health guardians to bend their energies towards keeping this filth out of the people's food and drink, rather than to the vexatious task of examining each individual's excrement, especially in view of the sanitary fact that all human refuse if ingested will cause more or less typhoid or other diseases.

BROMIDES IN EPILEPSY.—"Most observers who have any wide experience of epilepsy will agree with Dr. Pierce Clark that many patients treated by sedatives steadily advance in physical, mental, and moral deterioration, notwithstanding a definite cessation of fits. The bromides cannot be held to be curative agents; their utilization as diagnostic and therapeutic adjuvants is their only merit. There can be little doubt that true epilepsy is a cortical disorder, of which the fits are but one of the psychic incidents; we should speak, therefore, not of 'epilepsy' but of 'the epilepsies,' as Hughlings Jackson used to do, and we should not allow the visible discharging phenomena to usurp our whole attention."—*Lancet*, April 13.

WANTS THE SINGLE REMEDY.—"A still better plan would be to order single remedies *where possible*. Homœopathy scores a point over us in this respect. 'By combining medicines,' writes an eminent homœopathic author, 'you lose the data whereby to

judge of the value of an individual drug.' This is an unanswerable argument. And why should we always be in need of multiple drugs? A single powerful remedy like opium, cinchona, or mercury, judiciously selected, is worth a whole cart-load of the inert old remedies, and even of your 'new remedies' which are written up, week after week, for swelling the bulk of the medical journals, and are consigned after a time to the oblivion they richly deserve."—*Dr. Jadunath Ganguli, Santipore, Nadia, India, in Indian Medical Record, March.*

SANITATION VS. MEDICINE.—Mr. Ochs, proprietor of the *Philadelphia Public Ledger*, the *N. Y. Times* and other newspapers, tells us, in a recent letter (*Ledger*, April 14), that at the same ratio of mortality as that which prevailed during the time the French were at work on the canal the Americans would have lost 10,000 men by death, whereas the number actually was 19. This remarkable showing was, and is, due to sanitation, the cost of which in the canal zone is, he says, about 5 per cent. of the total expenditure, or, say, twenty millions of dollars. A big sum, but well spent. Whether when cases of disease develop the practitioners are successful in an equal ratio in treatment is "another story." There is no attempt here to detract an iota from the magnificent sanitary work done in the canal zone, but it is well, for the sake of veracity, not to confuse it with the prevailing practice in the actual treatment of disease when once it has developed.

TETANUS SERUM SEEMINGLY WORSE THAN A FAILURE.—Dr. G. Huber contributes a paper to the January number of *Beiträge zur klinischen Chirurgie*, of Tübingen, on "Traumatic Tetanus." The sum of the paper is this: Thirty-eight tetanus patients were treated with anti-tetanic serum with a death rate of 81.58, while in the pre-serum days thirty-one patients were treated by the old methods with a death rate of 64.5. In other words, under serum the death rate increased 17.53 per cent., even though the world had been told that this scientific discovery had practically conquered the disease. If this is true of one disease, why may not it be true of the others?

Perhaps if the scientists would experiment with *Hypericum* or

a good fresh plant tincture of *Gelsemium* as faithfully as they have with this serum they might bring the death rate down to 10 per cent. or lower. Haven't we had nearly enough of this sort of serum?

"QUACKS."—Our esteemed and energetic contemporary, the *Journal of the American Medical Association*, is out hot foot for all medical fakirs. They recently pinned one out west somewhere who was advertising a "cure for consumption." The *Journal* devoted two of its broad pages to reproducing his advertisements and showing the fakir up. Among other things it told of what the "cure" consisted. As near as we can make out it is a mild reproduction of what the *Journal's* readers have been giving their patients for consumption, namely, *Crcosote*, though the fakir's dosage, probably, was much smaller than that given by the others. Philosophically viewed it seems that the sin of the fakir laid in promising to cure tuberculosis with *Crcosote*, which, it seems, the *Journal* knows cannot be done.

EPIGASTRALGIA.—"Epigastralgia" may be vulgarly translated "belly-ache." The French journal, *Progres Medical*, says that it will have to be added to the list of ills embraced in that blanket term, "serum sickness." It relates the case of a young man who, after repeated injections of serum, developed a violent rash all over, pain and swelling at the site of the punctures, joint and muscle pains, nausea, vomiting, lumbago and, finally, a violent epigastralgia. The serum was then stopped and attention turned to saving the young man's life from its effects. They finally succeeded. "This combination of symptoms caused some anxiety, as the systematic writers do not mention epigastralgia among the results of serum sickness. The next case was a man who, after the serum injections developed the serum sickness with epigastralgia. The "death appeared to have ben due to the injections." And at this the writer of the article sagely remarks: "Evidently he was hypersensitive to horse-serum." Evidently.

CHICKEN-POX AND SMALL-POX.—Judging from a paper by Dr. Frederick Thompson (*Lancet*, Mar. 2) on "Differential Diagnosis," etc., one might be led to the conclusion that whether the

case be chicken-pox or small-pox depends on whether the doctor doing the diagnosing is an optimist or a pessimist, for, we are told, small-pox is mostly a disease of adults and chicken-pox of children, but the reverse also obtains; chicken-pox may be confluent equally with small-pox, as also it may have the "shotty feeling" before breaking out; also the backache, headache and so on. The general differences are given, but with the caution that "too much stress" must not be laid on this or that because the other disease may show it also; in short, as observed before, the diagnosis must largely depend on whether the doctor is optimistic or pessimistic. Let us hope that the former prevails, because no one scares at chicken-pox. A health-board man may object to this and say that he cannot be deceived, but we know that if he is especially "high up" he is generally one who looks on the dark side of things, and so it is apt to be "small-pox," though the others, as so often happens, have said "chicken-pox." It is difficult to discover the essential difference between the two diseases unless it be, as Dr. Stedman's dictionary puts it, chicken-pox is "less severe."

CAUSE OF DEATH.—From the carefully compiled statistics of the Health Board of New York State we learn that pulmonary tuberculosis easily heads the list with 14,179 deaths, followed by Bright's disease with 9,630; lobar pneumonia, 9,450; cancer, 7,950; diphtheria, 1,960, and then on down the list to the latest terror, meningitis, with 388 deaths. Tuberculosis is at a stand-still, but cancer has "a steady and uniform increase year after year." We trust our readers will pardon the suggestion, but would it not be well for the cancer research men to investigate the oft-repeated assertion that cancer increases only in countries in which vaccination is enforced? And also to consider the alleged discovery announced some years ago that the vaccine cell and the cancer cell seemed identical? Either this or study the homœopathic remedy, for certainly there is "nothing doing" as things go in cancer at present to show for the great sums of money spent.

## NEWS ITEMS.

Dr. F. W. Cornwell, of Plainfield, N. J., has been appointed by the Governor one of the members of the Medical Examining Board of the State of New Jersey.

Dr. J. A. Brooke has removed from Wilkes-Barre, Pa., to 212-14 American National Building, Oklahoma City, Okla.

Dr. Dandolo Mattoli is now permanently located at 52 via Montebello, Florence, Italy. Americans visiting this beautiful Italian city would do well to bear this fact in mind.

Dr. Geo. A. Blackman, of Chicago, has removed to 1105 Champlain Building, 8 N. State St.

Dr. C. M. Worth has removed from Denver, Colo., to Box Elder, Neb.

Dr. William Harvey King has removed to 64 W. 51st St., New York City.

Dr. B. W. Severance has removed from Gowanus, N. Y., to 602 Pine St., Williamsport, Pa.

Dr. Robert Willis has removed from Linden to Mineral Point, Wis.

Dr. M. D. Baker has removed from Ymir, B. C., to Melfort, Saskatchewan, Canada.

C. C. Jones, son of the late Dr. Stacy Jones, best known as the author of the *Medical Genius*, *Bee-Line Repertory*, and that most curious collection in the materia medica, the *Mnemonic Similead*, was one of the men who went down on the *Titanic*.

D. B. L. Mukberji has removed to Khagra, Bengal.

C. A. Peake, M. D. (N. Y. H. M. C., 1911, and Cumberland Street Hospital, 1912), has opened an office for general practice at 141 Lincoln Road, near Bedford avenue, Brooklyn, N. Y.

Dr. Frank Duncan has removed from Mendota to Paxton, Ill.

Dr. Jos. L. Land has returned from Baltimore to his old location, 315 W. 10th street, Erie, Pa.

Dr. Guillaume Perzie, of Papeate, Tahite, one of the Pacific Islands, writes, thanking the RECORDER, for printing Dr. A. E. Hinsdale's paper. (See March RECORDER.) We take pleasure in passing it along to Hinsdale.

Dr. Nellie M. Cramer will move on July 1 to Simik Mission, Nome, Alaska.



## PERSONAL.

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Just now the base ball is the chief sphere of American activity.

Just now, if you want to be tranquil do not let any know which presidential candidate you support.

They say (don't know personally) that among "the 400" the Titanic disaster is taboo, for one is never sure whose friends were saved.

"When I fell down stairs," said the C. S. kid, "I kept saying 'truth,' 'truth,' but Fido, who fell, cried error er-r-r, er-r-r."

"The dear old days" have nothing on these of "increased cost of living."

The most of the opportunities that knock at our doors come C. O. D.

The stuttering man said he traveled by freight because he could not "very w-well exp-p-ress" himself.

They say the minister, new in Kansas, asked about a "supply;" the deacon said "it is possible but difficult."

"When he to whom one speaks does not understand, and he who speaks himself does not understand, this is Metaphysics."—*Voltaire*.

Too much success makes men fat-witted—so be thankful, O brother.

Do not say "big-bug," but "an important man."

Do not say "bounced," but "ejected."

The cultured do not say "I'm broke," but "broken."

"Butt in" for "intrude," inelegant—and so on and on.

The undertaker panders to our saddest vanities.

The auto divides the public into the quick and the dead.

"If you get microbes whose do I get?" asks Claude.

Nearly every joke has whiskers—if it isn't shaved.

They now say that "shyness" is pathological. Then why not also humor, poet-ness, punning, science and so on and on?

Every age speaks of the "superstition" of its predecessor, which fact demonstrates that no age should be too cocky.

Binks advised the bunch to "stick to the truth, don't talk about yourselves."

The promotor is the man who supplies all the air for the enterprise while the stockholders furnish the cash.

Fireless cookers and wireless telegraphy are new, but moneyless men are not.

All the undertakers has to do is—wait.

Many a scientist wrecks himself on hypotheses.

No one ever graduates from the school of experience.

"If you smoke, smoke Havanas," says the N. A. J. H. But suppose your pocket only reaches stogies?

# THE HOMŒOPATHIC RECORDER

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## THE A. I. H. PITTSBURGH, 1912 SESSION.

Another and very successful meeting of the American Institute of Homœopathy has taken its place in the history of Homœopathy in the U. S. A. Here are a few notes and comments on it that, let us hope, may be of some interest to the RECORDER's readers. To begin at the start:

Quite a party of Institute pilgrims were on the fast 10:30 "Pennsy" train that leaves for "Pittsburgh and the West" on Sunday morning from Philadelphia. All went well and in due time three big engines rushed the train up the mountain division that lies beyond Altoona. When we entered the tunnel at the highest point that leads to the western slope the sun was shining brightly, but on the other side of the mountain we emerged into a Scotch mist that, as the train wound down the long sweeping curves, turned to rain and this deepened into an approach to Egyptian darkness, accented by vivid lightning, the whole show terminating in a deluge. At Johnstown we were struck by a flood of water and debris that covered the four tracks, the Conemaugh river rising over two feet as we watched it from the car windows, and had to wait until a regiment of the sons of sunny Italy cleared it away. While lying here a train leaving two hours later loaded with New York and Boston pilgrims pulled up along side and great was the "chaff" blown our way. "Johnstown always was ah floody ole place," as the dusky porter, who had whisk-broom charge of us, remarked.

Arriving at the East Liberty station, Pittsburgh,, nearly three hours late, the party was met by the Reception Committee with automobiles and whirled away at a speed that would have delighted the heart of a country constable out for fines, to our

destinations. And as we drew near we could see in electric light letters over the big Soldiers and Sailors Memorial Hall, "Welcome, A. I. H." The majority of the attending physicians were quartered at the Hotel Schenley and the Athletic Club, though a few had to go into the city (or went there from preference), which, however, was no great hardship, as the means of going and coming are swift and frequent. The courtesies of the Athletic Club and of the University Club were extended to the visitors (besides other friendly attention), and we all came to the conclusion that the Pittsburgh homœopaths are an exceedingly all round hospitable set of men, genial hosts and good fellows in the broad sense of the term. And be it remarked here the profession in this goodly city work together in harmony—an excellent thing in doctors.

The neighborhood in which the meeting was held is somewhat unusual. Several years ago it was known as the Schenley Farm, lying on a gradually sloping hillside that gets steeper the higher you go. The Pittsburgh University has several buildings on it, two on top, which led a visitor to predict that if this university ever had an athletic team it ought to out-strip all competitors on account of the exercise all must undergo in hill climbing. Then, grouped in the radius of half a mile, are the Soldiers and Sailors Memorial Hall, the University Club, the Athletic Club, the big Schenley Hotel, the Carnegie Institute, Art Galleries, etc., covering about five acres, and lastly, Forbes Field, the home of "The Pirates," otherwise known as the Pittsburgh Base Ball Club. Beyond this again and over what might be called a built-up ravine lies the beautiful Schenley Park, with boulevards and fine roads running in and out of it, up hill and down hill, and from hill to hill, across bridges until the visitor gets dazed to know where he "is at." Indeed, it is a matter of vague surprise to the visitor that even those to the manor born know how to find their way about this city of hills, ravines, "runs," creeks and rivers, reaching out for thirty or more miles in all directions, and mostly belching fire and flame. When viewed even cursorily these huge, seemingly endless and very grim establishments cause one to be a little awed at the thought of the possible human volcano, that may lie dormant in this mighty metropolis of big things. But, enough of this.

The following is a list of the officers elected to serve for the ensuing year: President, Dr. W. B. Hinsdale, Ann Arbor, Mich.; First Vice-President, Dr. H. R. Stout, Jacksonville, Fla.; Second Vice-President, Dr. Mary E. Hanks, Chicago; Treasurer, Dr. T. Franklin Smith, New York, re-elected; Secretary, Dr. J. Richey Horner, Cleveland, re-elected; Registrar, Dr. W. O. Forbes, Hot Springs, Ark., re-elected; Censor, Dr. Millie J. Chapman, Springboro, Pennsylvania, for one year.

Dr. J. H. McClelland, of Pittsburgh; Dr. T. H. Carmichael, and Dr. A. B. Norton, of New York, were elected trustees.

It was decided, on invitation, to hold the next meeting of the Institute at Denver, Col.

The American Medical Association sent a special committee to confer with the National organization of Homœopathy on the subject of the Owen Bill. This committee included Dr. W. E. Woodward, Washington, D. C.; Superintendent Samuel G. Dixon, of the Pennsylvania Department of Health, and Dr. R. E. Mercer, of Pittsburgh. These three met a committee of homœopaths comprising Drs. J. H. McClelland, Pittsburgh; J. P. Sutherland, Boston; R. S. Copeland, New York; J. B. Gregg Custis, Washington, D. C., and George S. Royal, Des Moines, Ia.

In a general way it may be said that while the Institute is willing that the Government should establish a department of hygiene and sanitary service, it will not endorse a department of medicine such as the American Medical Association approves, and as the Owen Bill will establish if it becomes a law.

On Wednesday, June 19, Dr. J. H. McClelland, of Pittsburgh, read his really fine paper on "Hahnemann, a Great Medical Reformer." The audience arose and cheered McClelland for over a minute. It was a striking evidence of the high esteem in which he is held by all. Dr. J. D. Buck, of Cincinnati, whom the Pittsburgh papers said is "the head of the theosophists, made something of a stir, in discussing Dr. McClelland's paper by bringing in Mrs. Eddy and Christian Science, which he thought had a legitimate place in medicine, although its principles antedate Mrs. Eddy and her books. Dr. Buck is the author of several books on theosophy and kindred topics.

As at all great medical meetings there were a number of men with theories which they earnestly advocated for the physical and spiritual regeneration of the world, but to which the medical men remain stolidly indifferent. The path of the reformer is a stony one, but he always remains stoutly in evidence.

Dr. W. H. Dieffenbach, of New York, of radium fame, introduced a plan for raising a million dollars as a permanent endowment fund, the interest of which is to be used for furthering the principle of Homœopathy in various ways. The plan evidently "caught on," for nearly four thousand dollars were subscribed at the meeting in which it was outlined. The ladies of the Meissen Society are to take a hand in raising this fund, and, doubtless, in the future it may receive bequests in the wills of those who favor *Similia*, and, consequently, the welfare of humanity.

Dr. Mary E. Hanks, of Chicago, made a plea for the graduates and students; that they should be given a helping hand during the trying early days in medicine. This is not a work that can be done by an organization but must be left to individual good will. It is well to remember that as the twig is bent the tree will grow. The beginner who starts practice with the sole aim of getting all the money out of it he can extort may succeed occasionally, but his success is a failure from the higher view of the noble profession. The patent medicine men succeed in the same manner.

There were about 175 new members added to the Institute. You, reader, if not on the roll ought to send in your name.

The Institute's *Journal* was reported to have a circulation of nearly 3,000. Getting in the RECORDER's class! The *Journal*, as perhaps all know, takes the place of the old "Transactions," is sent free to all members of the Institute and is published monthly. It is worth the price.

Thirty-two was the death roll of the Institute during the past year.

The following physicians were appointed by President T. H. Carmichael to attend the International Homœopathic Council at Zurich, Switzerland, August 10: Dr. J. H. McClelland, Pittsburgh; Dr. R. S. Copeland, New York; Dr. J. W. Ward, San Francisco; Dr. J. P. Cobb, Chicago, Ill., and Dr. J. C. Wood, of Cleveland.



The irrepressible Flexner or, rather, what he stands for, came up and was severely criticised. The fact is that Flexner's work, the Owen Bill, and the enormously expanded powers assumed by health boards and medical examining boards, are all in the same boat which is headed towards a "medical trust," even though the powers that be vigorously deny it. It is a scheme to commercialize medicine (even though many who aid it are unaware of the fact) as is shown by the self-assumed, but illegal, sitting in judgment not only of individual applicants for license to practice but of medical colleges also. In other words, the state grants certain powers to certain doctors and these gentlemen at once assume that their hobbies are the LAW 'and' act accordingly. Their hobbies are trotted in under the shadow of "protecting the public." Any one who has read a set of the average examining board's questions, and who realizes that on 'the ability of the graduate to answer this bunch of cooked-up questions depends his supposed fitness to take care of the sick, sees at once the hollowness of the plea of protecting the public. A man with a good memory but no especial ability aside from that might pass with high percentage, while a 'man really fitted for the care of the sick but without a memory on the parrot order, might be flunked. The scheme of the A. M. A. is a comprehensive one, and its sole end, under the above mentioned cloak, is medical power. It would be easy to show from their text-books, and from the papers by their great ones, that they do not comprehend disease or its cure, and, from statistics, that they miserably fail in "the test at the bed side" when compared with others, but this makes no difference to them for, in spite of these facts, they demand the power to rule in things medical—and the curious thing is that they are getting it. Another curious phase of this whole matter is to see the plain, honest practitioner, be he allopath, homœopath or eclectic, eagerly supporting this vast and comprehensive scheme that tends to reduce him to the level of a mere puppet in the hands of the official medicos. Time was when the doctor was supreme in the case he was attending, but since practically every case—unless it might be toothache—is officially contagious he is so no longer, for "the board" has a say in the matter. What will be the end? Probably a huge public kick that will hurt the just and the unjust alike.

Whatever may be promised now while they are seeking power, not even the most liberal homœopathic physician can reasonably expect to obtain any consideration from the medical officials when once they are firmly in the saddle, so why aid them? Keep your independence, be you "regular" or "irregular," for neither you nor your patients have *anything* to gain, but, on the contrary, much to lose by a medical bureaucracy.

The lady doctors were out in force at this meeting, probably fifty of them or more. This particular scribe confesses to a slight feeling of confusion when he meets one of these fair ones, having a propensity to address her as "Miss" instead of "doctor." They were able to hold their own at the sessions where papers were read and discussed, but as this feature of the meeting is beyond the scope of this report we must refer the reader, who wants it, to the official journal so ably guided by our esteemed Dr. J. Richey Horner, who, we are glad to say, was re-elected without contest.

Wednesday afternoon was given over to sightseeing; some went to "the mills," some automobiling, and some to see "the Pirates" wallop the St. Louis base ball club 9 to 1. That was the score, for we were one of the "fans" and saw the deed done. For the benefit of brother fans it may be stated that Robinson pitched for the home team.

Memorial Hall is a large hall without windows save very high up. Completely around its four square sides runs a wide, well lit hallway, and in this the exhibitors were located, each one, as it were, being in the front row. So far as we noticed all the space was taken with a generally fine line of exhibits.

Taken as a whole, the meeting was a very successful one—the exhibitors were well placed, the scientific bodies had ample and good rooms for their sessions, the guests were very well cared for by the clubs and hotels, and lastly, our hosts were all any one could ask. We close by reiterating our former advice, Join the Institute!

E. P. A.

Philadelphia, June 25, 1912.

## THE HOMŒOPATHIC SCHOOL OF MEDICINE.

By Benj. C. Woodbury, Jr., M. D.

It seems to be the vogue at the present time for the widespread discussion of not only questions of sociological and economic importance to the reading public, but no subject has apparently held for them more of interest than the consideration of means for the acquisition and maintenance of health. There is undeniably an ever-increasing tendency toward departure from the use of medicine, so long the recognized procedure in the treatment of the sick. It may therefore be of interest to our readers just at this time to review something of Homœopathy, which a century ago constituted the first forward movement toward the emancipation of humanity from drug affliction. With the various reform movements that have lately swept over our land, it is not to be wondered at that there has likewise arisen a forward movement along the line of greater medical freedom.

Since the School of Hahnemann was the first to raise a voice against the indiscriminate purging and drugging of a century ago, so now it stands, when properly understood and practiced, for greater freedom than any other medical or non-medical method of healing.

In support of this statement it may be said that it stands in general in opposition to measures that are avowedly not in accordance with personal liberty. Homœopathy as taught by its best advocates seeks, by its care and precision in hygiene and dietetics, to avoid the use of suppressive medicinal measures; has never favored nor does it now favor any measure that detracts an iota from personal or general therapeutic liberty. Many broad-thinking, liberal-minded people, zealously seeking mental and moral freedom, unfortunately owing to an acquired distaste for regular medicine with its crude, suppressive methods, have not only repudiated physicians generally, but have grown away from even the simpler, saner measures of Homœopathy and other methods of natural healing, and sought refuge in the various non-medical cults so popular in recent years.

The true believer in Homœopathy, on the other hand, neglects none of the wonderfully helpful methods of hydrotherapy, open air, natural diet and sunlight; in fact, embraces all that pertains

to natural healing methods, but adds to these a knowledge of the *dynamic* or *vital principles of drugs*, and by applying these potential forces according to a well-defined therapeutic law, finds unfailing support in the healing power of nature.

These remarks are intended for the consideration of just this class of thinking, broad-minded people, with the hope that a finer appreciation of this simple method of healing may be given them.

\* \* \* \* \*

If space permitted it might be interesting to review in a cursory way the history of medicine from its earliest recorded periods. Undoubtedly while man lived as his Creator intended, near to nature, as a child of the forest, subsisting upon natural foods, such as afforded by the products of the chase, natural vegetation, and a little later his own added ingenuity, diseases were few and comparatively easy of treatment.

With the advent of civilization, however, natural living seems to have been more or less lost sight of, and in consequence there arose all manner of racial and individual disorders, for the relief of which man sought, through his misconceived idea as to their origin in the wrath of an offended Deity, propitiation by all sorts of sacrifices, oblations, incantations and similar superstitious practices.

Physician, according to the original term "doctor," means, literally, teacher; therefore, however much our present generation may feel that it is capable of accomplishing unaided by medical guidance, this important fact should not be ignored.

### **The Origin of Homœopathy.**

Medical history, so far as written records can ascertain, began about the time of Pythagoras, about 500 years before the Christian era. From the earth, air, fire and water of this ancient day to the heat, moisture, cold and dryness as recognized by Hippocrates, to the alchemistic conceptions of Paracelsus, to the methodist and eclectic schools later rearranged by Galen, the great systematizer, whose prestige remained undaunted and unshaken for a period of more than fifteen hundred years, medical history can be wearily traced; ever combining with a superstitious conception of its origin, every sort of crude method for the extermination of disease. Physiology, owing to the impetus given

by Harvey's discovery of the circulation, and the physiological researches of Versalius, Eustachius and Haller, aided by the stimulus given to science in general by Lord Bacon, had, by the latter part of the eighteenth century, slowly enlightened the theory of medicine, but its practice, based upon the theory of contraries, "*contraria contrariis curantur*," was, as its most brilliant minds were forced to admit, in a state of chaos. Bleeding, purging, blistering, leeching, and similar crude methods, constituted the physician's sole art and science.

Stahl, Boerhaave, Hoffman, Brown and Cullen had done much toward classifying drugs and disease, but treatment based upon such diffusive lines could only result in failure. At this critical juncture there arose the genius of Hahnemann.

### Hahnemann 1755-1843.

Samuel Hahnemann was a German physician and chemist who, while translating the works of Cullen, who was considered the foremost writer on materia medica of his time, was dissatisfied with the explanation given by the latter of the action of Peruvian Bark in ague.

Thinking to demonstrate to his own satisfaction what action *Cinchona* would produce on a healthy person, he took several grains, and in the course of this, his initial drug testing, was struck with the similarity of effects with the symptoms experienced by him in an attack of genuine ague (chills and fever).

Therefore, reasoned he, "bark will only cure such cases of ague as have symptoms similar to those symptoms which it is capable of producing in a healthy person." From this beginning he formulated a system of medicine, based upon the law of similia, which he called Homœopathy, from the Greek *ὁμοιος Παθος*, meaning "like-suffering." His principle of drug application was the exact opposite of allopathy (from the Greek *ἀλλόος - Πάθος*, the name given by Hahnemann to the regular school of his time, taking for his precept *similia similibus curentur*, "let likes be treated by likes." First of all, Hahnemann emphasized the fact that this law of "like by like" was not new, but was known to Hippocrates and others of the earlier writers. He made no claim to being the originator of the idea of the proving of drugs, which was first suggested by Haller. What he did maintain was that he was the first physician to follow up to any extent Haller's suggestions for drug experimentation.



### The Three Fundamental Principals of Homœopathy.

- I. The Law of Similars.
- II. The Single Remedy.
- III. The Minimum Dose.

Upon these principles is founded the School of Hahnemann. He first of all emphasized the importance of the careful and scientific "proving" of drugs upon healthy persons, to determine their positive effects. With this end in view, he began the stupendous task of testing or proving the materia medica of his day, and as the result of his labors he gave to medicine his *Materia Medica Pura*, in which are recorded the trials made upon himself and his followers of the first sixty remedies. Later works were his *Organon of The Art of Healing* (first published in 1810) and his *Chronic Diseases* (1828).

### The Principles of Allopathy and How it Differs from Homœopathy.

We shall endeavor to give in a brief way the general principles of allopathy; that, in the opinion of many of its most illustrious teachers, it has long been in a state of chaos, is too well known to emphasize here; as to its principles: Through its materialistic conception, taking the morbid changes in the body as the sole cause of disease, forgetting, as Hahnemann says, "that the cause of a thing cannot be the thing or event itself," its methods have ever been those designed to rid the system of these material signs of disease; that is, the so-called *materies morbi*, which they have tried to draw from the body by bleedings, leeching, purging, blistering, salivation, etc. These fancied causes were, according to the more rational teachings of Hahnemann, not the prime cause, but the secondary, or the *results of primary dynamic disorder*.

In order to better carry out this idea of combative therapy the prescriber was not content, nor is he now, to depend upon a single medicinal substance, hence the method of combining (polypharmacy) several drug substances in the same prescription, according to the supposed benefits derived from "basis," "excipients," "corrigens," "adjuvans" and "corrigens;" the folly of which Hahnemann was the first to point out and likewise the first to condemn. "How," says Hahnemann, "can we complain of the obscurity of our art when we ourselves render it obscure and intricate."

### The dangers of Allopathy.

Says Dr. John H. Clark: "A writer in the daily press has recently put this point very forcibly (speaking of the dangers of suppressing disease) in the following passage: 'Where modern pharmacy works its wonders is in the treatment of symptoms, and herein is its danger for an impatient and unthinking public. *Who can tell how much of the nervous and physical breakdown of modern life may not be due to the abundant means the chemist has provided for extinguishing the danger signals of nature!*' "

As an example of what this writer means, we have but to cast our eyes toward the shelves and counters of our modern drug store, and there contemplate the death-dealing array of headache powders, cold cures, liver pills, etc., and who can feel secure when he knows that his physician's prescriptions contain in crude form such drugs as mercury, arsenic, quinine, the coal-tar products, iron, strychnia, nitroglycerine, opium, chloral, the bromides and hyoscin? Of course the advocates of the use of such crude drugs would say that these remedies are not prescribed or used except under the physician's direction, but can we always be sure that such is the case? Unfortunately not. If we are to take the word of chemists and pharmacists we shall be forced to admit that more than half, in fact, nearly all cases of morphinism, cocainism and similar drug addictions result directly or indirectly from the physician's prescription!

Herein is their gravest danger. Yet, on the other hand, how few of us there are who realize that the effects of crude drugs, when once absorbed into the system, are almost never wholly eliminated; especially in certain cases where the acute healing crises or *nature's efforts* to rid the system of effete products of disease are suppressed; that the latter is a fact is well known to those physicians who are competent to treat chronic or so-called "incurable" diseases.

### The Principles of Homœopathy.

Contrast this antagonistic therapy with the gentle, saner, safer methods of Homœopathy.

Such a method of treatment seeks only to aid nature in the elimination of morbid, foreign substances, drug poisons and hereditary tendencies to disease.

Its general principles may be summarized as follows:

(1) The therapeutic application of drug forces (potencies) in disease, according to its well-defined and verified principle, "let likes be treated by likes."

(2) The thorough "proving" or testing, not upon animals by vivisection and other cruel practices, but upon the *healthy human body*.

(3) The application of the single remedy—that is, the use of but one medicinal substance in the body at the same time.

(4) The repetition of the remedy, or the dose, only at such intervals as we are assured that the effect of the first contact has been equalized and appropriated by the organism.

(5) The minimum dose, or the least possible amount of drug substance that will act curatively upon the organism, in the mitigation of the particular symptoms to be cured.

(6) The totality of the symptoms as the basis of drug application; that is, cognizance of all observable phenomena of disturbed health, both subjective and objective.

### **The Similar Remedy.**

We have already stated that Hahnemann was foreshadowed in his theory of similia by Hippocrates, Paracelsus, Stahl, Haller and others. But he must be given the credit for the first scientific application of drug experimentation.

As examples of Homœopathy, Hahnemann mentions the application of snow to frozen limbs, heated oil in burns, the use of substances capable of exciting in the part to which they are applied similar burning sensations.

This idea of similarity must not be confounded with Isopathy, which according to Hahnemann would consist in the application in similar conditions substances of the same degree, as, for instance, to a burn by scalding, of water at the boiling point, which would only increase the difficulty. Homœopathy would, on the contrary, supply a similar application, but of modified degree.

Common examples of homœopathic cure may be cited as follows: It is well known that the common onion (*Allium cepa*) will produce when bruised or rubbed most intense lachrymation, burning of the eyes and photophobia, with sneezing and catarrhal discharge from the nose; these symptoms bear a most striking resemblance to a certain type of coryza known as "cold in the

head." The administration of a homœopathic or minutely divided preparation of this drug in such a case will unfailingly result in a cure. Again, it is well known to not a few that coffee in susceptible persons will produce a most profound type of sick headache, nervousness and insomnia, with very characteristic hypersensitiveness of the nervous system. When such symptoms appear in the practice of a careful homœopathic prescriber he will, instead of the use of an allopathic sedative, like Sulphonol, Veronol, Hyoscin, Codeia, or any other Opium preparation, all of which only increase the difficulty, administer this or some other simple and absolutely harmless remedy in a dose so attenuated that only its secondary or curative effects are obtained.

### **The Single Remedy.**

The use of the single remedy prescription was not alone for the purpose of overthrowing the ancient and unscientific practice of polypharmacy, but also to enable the physician to observe the pure and unadulterated action of the remedy upon the organism. This is a *sine qua non* in Homœopathy. It is indeed an interesting fact that now not only homœopathists, but many practitioners of all schools are depending upon the single remedy, even though used for its physiological action.

### **The Minimum Dose.**

The small dose of Homœopathy, owing to the fact that the early followers of Hahnemann were very strict in their adherence to its principles, has come to represent to many its chief distinction from allopathy. That the small dose rests upon truth is evidenced by the fact that Hahnemann, who in his early practice used his remedies in the usual doses, was soon forced, in order to avoid aggravation, to abandon this method, and thus was he led to his discovery of dilution and potentization. However important this principle may be held to be in the belief of many, it is not absolutely arbitrary, for the remedy to be truly "homœopathic" must present as nearly as possible an exact counterpart of the symptom-complex intended to be removed.

The size of the dose may range from doses in some instances approaching the crude drug to the high and highest potencies.

If the principle of applying the remedy then be the correct one, the size of the dose is in a measure secondary, although it is a matter of no less importance.

The discovery of radium, and all the interesting experiments, deductions and conclusions resulting therefrom, has done much to strengthen the belief of the followers of Hahnemann in the efficacy of the physically minute or infinitesimal. While to the minds of many, under the old order of chemical understanding and the atomic standards of the divisibility of matter, homœopathic remedies, except in their lowest dilutions, could not be placed upon a purely scientific basis; what the future holds for practical assertive proof rests entirely in the ability of scientists to refute the further divisibility of the atom into the ion, and the negative and positive electrons of which it is composed.

Many interesting data might be submitted as substantiating the action of the infinitesimal doses of Homœopathy.

### **The Totality of the Symptoms.**

The totality of the symptoms includes all phenomena felt by the patient, or observed or determined by the physician. That there can be any derangement of the organism that does not express itself by signs and symptoms Hahnemann most emphatically denied. These constitute the whole disease. Therefore, instead of the treatment of single symptoms as allopathy is so wont to do by the control of pain, spasms, arterial pressure, etc., or the treatment of isolated organs like the stomach, the liver, the blood or the heart, etc., by appetizers, stimulants and tonics, Homœopathy seeks to treat the whole organism or, in other words, the whole expression of the disease.

### **Hahnemann's Conception of Disease.**

Hahnemann, like Stahl, was spiritualistic rather than materialistic in his conceptions of disease, regarding it to be but the outward expression of an interior derangement of the *vital force*; that is, of dynamic origin. According to this theory the system must be treated when ill by substances capable of *similarly affecting the vitality*. Hence the origin of his process of potentization, a method of preparing a drug, by which its potential is developed and its energy conserved and transmitted in the accompanying *menstruum*.

When this autocratic and all-ruling *dynamis* of Hahnemann's was affected by sudden emotions, grief, fear, joy or any other similar means, it makes itself felt upon the physical organism;



likewise he enumerates divers other exciting causes of disease, among which may be included bad habits in living, eating, sleeping and the like, which, manifesting themselves through the protective forces of the body, in the various forms of elimination by the skin and other natural excretory organs, if suppressed by meddlesome medicaments, lead to all sorts of internal disorders. Thus we interpret the *psora theory* of Hahnemann, which has given rise to all sorts of misunderstanding and discussion. That it was and is a sane and easily demonstrated law of the development and progress of chronic and incurable disease cannot be denied; and furthermore will in the future be readily demonstrable and more widely appreciated.

### **Destructive Effects of Crude Drugs upon the Organism.**

While the physiological effects of drugs may appeal to the advocates of animal experimentation, the homœopath makes distinction between this term and "pathogenetic," which refers to the sick-making properties of medicines, regarding all drugs when given in crude form as poisonous to the human organism. The pathogenetic effects are the finer symptoms developed by taking the drug and noting carefully its effects upon the healthy body.

The proving of drugs does not sanction their usage in crude form; quite on the contrary, it holds that such substances become truly curative in some conditions only when elevated to a plane of vibration, clearly beyond the realm of the purely physical. That the physiological effects of mercury, quinine, the coal-tar products, arsenic, the opiates, etc., are cumulative; likewise the inorganic salts such as mineral waters, table salt, physiological doses of lime, iron, phosphorus and similar substances are most deleterious and destructive is so well known and deplored that it almost goes without mention.

### **The Application of Homœopathy.**

Homœopathy finds its legitimate application in all forms of illness, from its much vaunted utility in the disorders of children to the graver disease of all ages of life. It is, of course, limited, as is any other system, by its inability to cope with many incurable diseases, yet where only palliation can be hoped for in progressively fatal illness it will here prove most salutary and satisfactory.

### **The Spread of Homœopathy.**

While no less an authority than Dr. Oliver Wendell Holmes predicted the early downfall of Homœopathy, it has persisted and made astonishing headway in spite of most bitter opposition to its principles and ostracism of its early exponents.

Hahnemann was acknowledged by the foremost men of his times to be one of the most extraordinary students and accomplished physicians of his age, and we might add of any age.

That allopathic medicine was for long, and is even now, most chaotic has been admitted by its ablest practitioners, till at present there exists in its ranks a state of unrest and therapeutic nihilism. The names of Dr. H. C. Wood and Dr. Osler are too well known to be ignored. Said the former in 1874, in speaking of the status of general medicine: "Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching that not to bleed a man in pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering from pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present, is it a wonder that man should take refuge in nihilism, and like the lotus eaters dream that all alike is folly that rest and quiet and calm are the only human fruitions."

Said the latter, thus voicing the popular opinion of our own day: "Much credit is due Homœopathy in the progress of the battle against polypharmacy, or the use of a large number of drugs (of the action of which we know little, yet we put into bodies of which we know less)."

### **The Scientific Basis of Homœopathy.**

In 1862, Dr. Carroll Dunham wrote (Homœopathy the Science of Therapeutics): "Homœopathy claims to be 'the science of therapeutics.' This claim involves the assumption that prior to the establishment of Homœopathy on a scientific basis therapeutics, as a science, had no existence. It is incumbent on Homœopathy to show the justice of this assumption."

Again, the first condition, he says, of a science of therapeutics "is a capability of infinite progress in each of its elements without detriment to its integrity as a whole. \* \* \* A second con-

dition or test of a natural science, and therefore of any proposed science of therapeutics, is that it shall provide for the prediction of future events within its own domain. It must furnish means of *prevision*. The problem must be as follows: Given the law and one series of phenomena, to state the corresponding series of phenomena on the other side."

Such *prevision* was possessed by Hahnemann. In the year 1831, when cholera invaded Europe, Hahnemann was consulted by some of his disciples as to its proper treatment. So accurate was his knowledge of his remedies, and so definite was his judgment as to their application, that, never himself having seen a single case, he was able to predict its curative and prophylactic remedies. These remedies were *Camphor*, *Cuprum* and *Veratrum*. As to the success of this treatment, statistics show most conclusively the great superiority of homœopathic treatment. Statistics compiled by Dr. Quin, of England, show, of cases treated at Tischnowitz in Moravia, under allopathy, a death rate of 42% ; under Homœopathy, 10% ; under camphor alone, 15.5%. These statistics will compare very favorably with those of cases treated during the recent cholera epidemics abroad. The following may help to allay any anxiety as to its successful management. It is an extract from an article on Asiatic Cholera, by a New York physician, as reported in the *New York Times*, July 27, 1911. The writer first speaks of the eliminative treatment of cases of cholera as treated at Guy's Hospital, in London, in the epidemics of the late sixties. "Large quantities of warm salt water were administered to encourage rather than restrain vomiting. This was followed by full doses of castor oil to clear the intestine. This wise but crude procedure," he says, "at once reduced the mortality to 33 per cent., a tremendous improvement, but not enough." It had previously been 67 per cent. The cases to which he then refers occurred about that same time, that is, soon after the Civil War, at what was formally known as Hunter's Point, now Long Island City.

"On account of our frequent failures through the notorious inefficiency of the generally accepted treatment, it was suggested that we put aside medical prejudice and try the theory of Samuel Hahnemann. Absurd as the idea seemed, our bad results compelled its respectful attention; but we applied the drugs in more

material doses than had been used by many of his followers. The prompt relief afforded the worst cases by white hellebore (the *Veratrum* referred to above) was, in the majority of instances, marvelous. Being a severe irritant poison, it had to be prescribed in minute doses to avoid drug aggravation. White hellebore stood first in importance; if cramps were the predominant symptom, copper proved of greater value; some preferred the arsenite of copper. For sudden collapse with icy coldness camphor was the remedy, assisted by friction and other stimulation. Knowing the intense coldness produced by poisonous doses of camphor, its opposite effect in these cases dealt a staggering blow to skepticism. \* \* \* From the moment we began using these remedies, without the harmful interference of other drugs, not one death followed. It would be difficult to convince the physicians who watched these cases that the happy results were not the effect of the medicines used.

"If our materia medica was as thoroughly and conscientiously studied as bacteriology has been of late years physicians would find golden nuggets hidden beneath the litter of our present armamentarium, and a quietus might be put upon those scoffers who ridicule all drug medication when they are in perfect health, but who eagerly demand it during the torture of disease in themselves."

The cholera statistics quoted above are very convincing, coming as they do from a physician who, regardless of sectarian views and prejudices, was willing to investigate in the true scientific spirit what he had been falsely taught to be a medical absurdity.

Statistics tell us, furthermore, that before the advent of Homœopathy the mortality from pneumonia was from 20 to 30 per cent.; this was reduced by the "expectant method," in which the disease was left entirely to nature (a method brought forward to disprove Homœopathy) to about 19 per cent.; Homœopathy, however, showed a comparative death rate of six per cent. Surely there must be some virtue in its "little pills!"

### **The Present Status of Homœopathy.**

Much more might be said upon the subject of Homœopathy; of its triumphs in severe diseases like yellow fever, diphtheria, scarlatina, typhoid and others; of its logic, which is daily im-

pressing itself upon the mind of the regular practitioner; of its acceptance, by the advocates of tuberculin, the vaccines and other methods, which may, even in a crude way, be said to partake of the attributes of the homœopathic principle. That it has fulfilled both of the requirements of a "science of therapeutics," as emphasized by Dr. Dunham, there can no longer be any doubt. That it has modified the dosage, and methods of the regular school, no longer is doubted by anyone. It has accomplished this in a manner commensurate only with the abolition of humanity from polypharmacy, for is it not a far cry from the Theriaca Andromachi with its sixty-five ingredients, or the equally famous "mediæval remedy, known as oil of puppies, made by cutting up two newly-born puppies and boiling them with one pound of live earthworms," and other similarly complex and equally disgusting prescriptions, to the application, by many of the leading allopathists of today, of the *single remedy*!

### **The Attitude of Homœopathy Toward Surgery.**

While Homœopathy does not ignore surgery, it feels in a general way that many conditions now treated by such measures would better be left to the healing forces of nature, yet there are undoubtedly some conditions where the art of surgery can be depended upon to remove the products of disease after the symptoms antedating malignancy or progressive tissue changes have been in part or all removed.

### **Attitude of Homœopathy Toward Vaccination.**

Hahnemann, himself, was impressed with the homœopathicity of the principle upon which vaccination is based, and cites certain diseases which have been known to be cured after vaccinia; yet the majority of homœopaths, while they do not refuse to vaccinate, feel that it is a very crude method of procedure. Opinions vary; one class does not hesitate to vaccinate, others vaccinate only under protest and then antidote its possible ill-effects by an appropriate homœopathic remedy; still another class will not inoculate under any circumstances whatsoever.

It is known that the vaccine virus arouses certain latent psoric or scrofulous taints in the system, bringing about a state which has been called *vaccinosis*. This refers to a condition of permanent impairment of health, which may lay the foundation for



tubercular or other chronic disease. It is well to recall in this connection that the method known as "internal vaccination" has been successfully employed by the use of a homœopathic preparation called Variolinum, a potentized preparation of the smallpox virus, which comparatively recently was so successfully employed as an immunizing measure in the State of Iowa, that legislative recognition was finally given to the method.

By this means the system is not poisoned by accidental infection or burdened with the probability of subsequent ill health.

### **The Future of Homœopathy.**

As Homœopathy has accomplished much in the past, in modifying the dosage, methods and principles of allopathy, so will be its future. Its law of cure, its single remedy, already have received more or less recognition at the hands of the dominant school. Science is rapidly coming to a recognition of the presence and potency of the infinitely small. The totality of the symptoms, while not avowedly recognized, must claim the attention of every intelligent observer of the symptoms of the sick.

### **The Attitude of the Regular Profession Toward Homœopathy.**

A few years ago the ban was removed from the homœopaths, allowing regular practitioners to openly consult with us, and we were invited to join the regular State, county and local medical societies. The one proviso, however, in this apparent reconciliation was that we profess to practice no exclusive method or system. Many homœopaths have embraced these opportunities, and now are numbered among the ranks of the regulars. However much the two schools may seem to approach each other in outward semblance, there is still the same gap between the principles of *similia* and *contraria*; and in the words of the Field Secretary of the American Institute of Homœopathy, "You cannot mix oil and water."

In closing, may we not offer this note of tribute from an early text-book of homœopathic practice: "As devoted admirers of the genius of Hahnemann, we are still desirous to do no injustice to any other benefactor of our race. It will not be claimed that the last victory of science had been won when the founder of Homœopathy closed his eyes near the gardens of the Luxem-

bourg. But, while we admit that important discoveries have been made by others which prepared the way for a higher unfolding of the principles on which disease originates and may be removed, we must still claim the precise discovery made by Hahnemann, as that which of all others, the world most needed in the nineteenth century. \* \* \* It may not be necessary here to attempt to prove that Hahnemann alone was capable of meeting the want of his age."

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## PROVINGS OF BICHLORIDE OF MERCURY FROM FILLINGS OF THE TEETH.

By Dr. N. Bray, Dubuque, Iowa.

Mercurial poisoning in all degrees of intensity is so common from fillings in teeth that it deserves more special attention than is generally conceded in chronic diseases. As a germicide it stands at the head of the list. Tillmann's Surgery, Vol. I., page 388, quotes Koch: "Bichloride of mercury will destroy anthrax bacilli when as dilute as 1-300000 parts of water." Lambert's Listerine Pamphlet reports bichloride of mercury as preventing development of fungi when as dilute as 1-100000 parts of water. Nitrate of silver next in order, 1-50,000 parts of water;  $H_2O_2$ , 1-8000 parts of water. Hydrargyri chloridum corrosivus, or corrosive sublimate, or bichloride of mercury, symbol  $HgCl_2$ , is a very poisonous corrosive salt of mercury, and as noted above is chemically composed of mercury and chlorine. Chlorine is a non-metallic element, a yellowish green gas with a suffocating odor; symbol, Cl. It is a powerful disinfectant and has the property of discharging colors from cotton, linen and other fabrics, and is one of the essential constituents of the human body. Common salt is a sodium chloride and satisfies chlorine hunger in man and animals; symbol, NaCl. Teeth filled with mercury forces continual contact of chlorine and mercury, thus forming a bichloride of mercury without cessation, continuously saturating the system with this poison. *Merc. cor.* is a specific irritant to the living tissues, in which for range and intensity of action it is rivaled only by *Arsenicum*. It has a special affinity for the stomach and large intestines, the respiratory mucous membranes and the lungs, the kidneys, uro-genital organs and the peritoneum. It may affect certain or elective parts, mouth, throat, stomach,

large intestines, appendix, etc. It attacks the mucous membranes of the eyes, nose, bronchi and lungs. I am now treating a case of iritis with adhesions, retinitis with great photophobia and general ocular inflammation, which I attribute to mercurial filling of the teeth. This is a chronic case and subject to general cellular inflammation in either eye at any time.

CASE 2.—Dec. 29, 1909, Mr. J. H., aged 37, husky, robust, naturally intelligent, came 700 miles from mining camp to consult me for sore mouth. Had previously consulted twenty-three doctors without relief. Invariably these men were determined to give him mercurial treatment for syphilis, which he refused to take because he said he knew his own career and insisted that he had no syphilis. His teeth were well filled with "silver" for two years. June, 1909, his teeth began to loosen. He had a very severe pyorrhœa. Later his throat assumed a very dark red color and swelled to almost choking. His mouth and tongue were ulcerated. Gums receded from the teeth and nasal passages were ulcerated. His entire system was mercurialized. His toe nails blackened and fell off. Three molars were crowned with gold and this gold was deeply discolored by mercurial amalgamation. These metals have a mutual chemical affinity. The aurum is electro-negative; the mercury is electro-positive. The former is a pentad halogen, the latter is a dyad and may be separated by the electro-chemical current. Some persons are more susceptible to this poison than others and suffer serious inroads on health from which they never recover. It is insidiously active and continuously progressive.

Persons poisoned by this salt of mercury cannot get well by any mode of treatment until the cause is removed. The mouth is a veritable laboratory for the special manufacture of bichloride of mercury. Many cases of chronic diseases, obscure in their nature and far distant from the mouth, are due wholly or in part to this poison.

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The Supreme Court of New Jersey recently decided that it is the duty of a town to pay the expenses of board of health quarantine whether the family be rich or poor; all attendant expenses for quarantine are to be levied, collected and paid, by the town in which the case occurs. Probably when this rule becomes generally known and applied there will be less quarantining.

## **CAN ADENOIDS BE CURED WITHOUT AN OPERATION?**

*Dear Mr. Editor:*

In reply to your question, Can adenoids be cured by medical and hygienic treatment? I will try to give a short synopsis upon the subject with several expert opinions and also my own ideas.

Can adenoids be cured without an operation? Yes and no. There are cases of such severe nature that the surgical operation is the only and right treatment. I believe there are other cases, many others, that can be cured by constitutional (hygienic and medical) treatment. And that seems to be the view taken by the nose and throat specialists.

At a meeting, not long since, of the section on Ophthalmology and Laryngology of the College of Physicians, of Philadelphia, papers were read by Drs. George Coates, B. Alexander Randall and James A. Babbitt on the subjects of adenoids, and opinions were advanced by the experts present that the radical operation so fashionable now was often unnecessary.

Dr. Walter S. Cornell, director of medical inspection in the Philadelphia public schools and lecturer on child hygiene in the University of Pennsylvania, in a book recently published, entitled "Health and Medical Inspection of School Children," writes: "Prevention being always better than cure, a knowledge of the preventable causes of adenoids and nasal obstruction is valuable. Good health should be obtained and maintained by plenty of sleep, good simple food and fresh air. Coffee and tea should not be used. Colds should be avoided by the wearing of light-weight wool underwear and stout shoes in the winter. Gouty rheumatic children and those of gouty parents should have their diet supervised. The habit of thumb-sucking should be broken up. Pacifying nipples should not be used.

"Because of the ultimate shrinkage of adenoids at about the tenth year, their occasional recurrence and the risk attending every surgical operation, there exists a difference in judgment as to the advisability of removing adenoids, and as to the best method and time of their removal.

"Opinion is unanimous that marked nasal obstruction in children between 8 and 12 years should be treated by operation at once.

"Judging from my own extensive experience (about 500 cases) it is the rule to advise against an operation before the ninth or tenth year."

Dr. Cornell suggests that poor general health, heart disease or other vital weakness may prohibit operation.

He says: "In very young children adenoids should be removed if they cause marked obstruction or give rise to serious effects; otherwise it is well to treat the nose systematically by sprays and other local applications, and wait until the fifth or sixth year."

Dr. Cornell does not consider the operation especially dangerous. He gives the following symptoms of adenoids:

GROUP I. *Immediate effects of nasal obstruction.* Mouth breathing. Nasal catarrh. Depressed mental activity from lack of air.

GROUP II. *Defects, the results of adenoids.* Mouth breathing by day and mouth breathing and snoring by night. Chronic nasal catarrh. Secondary catarrh of the middle ear. Swollen bridge of the nose. High narrow palate. Irregular projecting teeth. Poorly developed upper jaw. Chronic inflammation of the throat. Thick catarrhal voice. Dull apathetic facial expression.

GROUP III. *Defects frequently the result of adenoids, but possibly resulting from other causes.* Stoop shoulders and flat chest. Conjunctivitis. Frequent acute inflammations of the throat. Acute inflammation of the middle ear. Nosebleed. Inflammation of glands of the neck. Indigestion. Nervous disorders from reflex action. Chorea, wetting the bed, headache, restlessness, habit-spasm. Poor nutrition. Rickets, anæmia. Liability to tuberculosis, defective speech. Eye strain, lowered scholarship.

Statistics are given to show that after operation there has been a marked improvement in dull children in the schools of Philadelphia.

### **What is an Adenoid?**

Simply, the answer may be that it is hypertrophy of the vault of the pharynx, or enlargement of the pharyngeal, sometimes called Luschka's, tonsil. This pharyngeal tonsil is located on the vault of the naso-pharyngeal cavity. There are four open-



ings, two from the nose into the throat and two into the Eustachian tubes. The anatomical structure of the pharyngeal tonsil is similar to that of the tonsils in the throat. Normally it is a reddish fissured mass slightly raised above the mucous membrane. It is about one-fourth of an inch thick and situated between the orifices of the Eustachian tubes. Dr. Seth Scott Bishop, an authority, describes two kinds of growth, a spongy stalactite growth from the vault of the pharynx and smooth fibrous tumors of irregular shape.

These growths are known as adenoid vegetation<sup>s</sup>, adenomata or hypertrophy of the pharyngeal tonsil. In its normal state the functions of the tonsil are to assist in maintaining normal respiration, olfaction and hearing, and in the modification of the vocal sounds. Enlargement of Luschka's tonsils must of course seriously influence the breathing, the smelling power, the hearing and the voice.

We find this condition in childhood usually in those under ten years and it is usually developed from infancy. It is believed by many to be inherited and occurs mostly in children of a lymphatic temperament.

Dr. Henry S. Liddle, of Minneapolis, a specialist, states: "Adenoid vegetations are of two varieties. First, the soft and spongy, sometimes described as like a bunch of grapes on the vault of the pharynx. Second, the hard, smooth, fibrous tumors, which are irregular in shape. The condition is a hypertrophy of the glandular elements of the naso-pharynx. These elements are increased in size and with multiplication and enlargement of the blood vessels. There is also a catarrhal thickening of the mucosa similar to that found in the nasal fossa.

"These growths are not true tumors, but are a hyperplasia of lymph tissue; hence when they shrink it is the lymph-adenoid tissue which disappears, its place being taken by ordinary fibrous tissue."

### Diagnosis.

By the physical objective symptoms stated above and by examination of the pharynx. This is done by means of the posterior rhinoscopic mirror or sometimes by digital examination, passing the finger gently into the nasopharynx back of the uvula and in front of the septum and exploring the pharynx.

### **Operation.**

A curette is inserted behind the velum and its cutting surface is passed backward and downward in contact with the posterior pharyngeal wall as far as the growths extend. Cornell says that sometimes this adenoid tissue may be scraped away with the finger nail, though this is not a very aseptic method. Of course care must be taken to remove the entire growth, else it will return. Some authorities say it may return in any case.

Various opinions regarding anæsthetics are to be found in the books. Ether is used by some, but on account of the physical condition of the average patient great care must be taken. Cocaine, as a local anæsthetic, is condemned as dangerous. Dr. S. S. Bishop recommends Bromide of ethyl (hydrobromic ether). With it anæsthesia is induced in one minute and lasts five minutes. Results satisfactory. Dr. W. C. Phillips recommends ether. Dr. Jonathan Wright uses ether.

### **Danger in the Operation.**

There is great diversity of opinion regarding this point. Dr. Cornell considers the danger as very slight. Dr. John J. Cronin, of New York, also thinks the risk is slight. Dr. Liddle says there is practically no risk from hæmorrhage. Dr. J. Martine Kershaw considers the danger quite considerable.

Dr. Francis A. Packard in an article read before the American Medical Association in 1909, thinks there is always danger in such operations. He advocates, when operating in a private house, to always have an oxygen apparatus at hand. He says: "Most patients with adenoids and enlarged tonsils show a marked status lymphaticus. Sudden death may occur in patients who suffer from this diathesis from very slight causes, such as shock, emotional or physical fright or slight injury."

Dr. Packard presented a table showing 29 deaths in patients from 3 to 12 years of age due to the use of a general anæsthesia.

Dr. W. W. Keen finds hæmorrhage fatal in very few cases, and thinks that unless the adenoid is the result of systemic conditions, as indigestion, constipation and rheumatism, surgical measures are imperative.

The concensus of opinion is that if the operation is properly done the risk is slight.

### **The Need of Operating.**

Here also opinions differ. Dr. Cornell, as stated above, advises to wait until the sixth year.

Dr. S. S. Bishop says that absorption will take place during early adolescence, and that the growth will disappear with adult age. His reasons for removal are: 1. Ear complications. 2. Liability to infectious diseases (scarlet fever and diphtheria). 3. Influence of obstruction on general health, mental development, etc.

Dr. Jno. Wright says: "Not every case must be subjected to operative treatment."

Dr. Horace Ivins in his book on the throat and nose says that much can be done with remedies, but the progress is slow. He recommends local applications, and mentions *Arsenicum alb.*, *Calc. phos.*, *Kali mur.*, *Sang. nitr.*

Dr. J. Martine Kershaw, in an exhaustive pamphlet on "Tonsils and Adenoids," says: "The careful, conservative student of medicine always has the good of the patient in mind. In studying the case he weighs all things, the constitutional vitality of his patient, his constitutional leanings, whether he is a "bleeder," the condition of his heart, kidneys, his ability to stand chloroform or ether shock. Can he cure this child, a weak, delicate child perhaps; it may be an only one? Is an operation necessary? If not immediately necessary, if the child eats, sleeps and is moderately well why risk the danger from chloroform, ether, the danger from hæmorrhage? No earthly power can stop the hæmorrhage in some "bleeders." At this point my friend, unacquainted with drugs, but handy with the knife, may say there is little or no danger in operations of this kind in the hands of skillful surgeons. To which I may say there are a number of surgeons, both unskillful and reckless. A few of the skillful ones are not only good operators, but knowing full well the danger of such operations, are cautious and conservative. They have the good of the patient always at heart, and consequently do comparatively few operations because they operate only when necessary. There is necessity for operative treatment in some cases of tonsillar enlargement and adenoid growths. The majority do not need operative treatment, as in many cases the hindrance to breathing and voice changes are due to structural changes in the nose with

which the tonsils and adenoids have nothing to do. And so it frequently happens that after adenoid operations, the patients still breathe through their mouths, and still snore like some of their fat mothers and fathers. If treatment was first directed to give the patients a clean and unobstructed nose, many of the adenoids would disappear and the tonsils become normal in size. It is true that many children are constitutionally below the health line, and have adenoids, enlarged tonsils and many troubles because they are sick, but attention given to building up these patients frequently causes the disappearance of these ailments, and among them the adenoids and the tonsillar enlargements. The laity commonly believe, or rather are led to believe, that operations for the removal of adenoids and enlarged tonsils and the necessary employment of anæsthetics are simple, safe, and unattended by danger. There are little graves in every burial ground in this country which contain the remains of little ones gone to unnecessary death because of an operation for the removal of adenoids, or tonsils, or chloroform, or ether, or the attendant hæmorrhage, or shock. Seriously, is that little boy playing with his toys or riding his hobby horse, and whose general health is fairly good, called upon to submit to what might prove to be a dangerous operation? He may have slightly enlarged tonsils and adenoids, but take care of his general health and he, with the majority of other children in like condition, will grow up to be strong and well. Do not make suspected adenoids account for every ailment the child may have."

Dr. Kershaw is a specialist of the nose and throat, and his words should have weight.

The surprising thing about this adenoid problem is that physicians and surgeons, too, consider themselves able to treat other organs in the body by conservative methods, and yet, when you say—ADENOIDS—"Oh, yes, we must operate; can't cure them; medicine will not touch them; if you don't have them operated on your child will grow up into an idiot. You can not make him healthy until you remove these growths. Danger? Why, my dear madam, there is positively no danger." Thus the sublime enthusiast with the knife.

But why may not an enlargement in the pharynx be cured by constitutional treatment and medicine just as well as a cold in the

head or a glandular swelling under the jaw? We can cure these. I've tried it, and in many years of experience, many times verified the fact. When a fond mother brings her small darling to me with his mouth open and the sign marks of adenoids upon him and asks me: "Doctor, do you not think my boy must be operated on?" I look wise and answer: There is no hurry whatever. It is a serious operation this scraping the mucous membrane of the nose, with sometimes much bleeding. Now I think that the adenoids depend upon the general bad condition of the system. Let us try constitutional treatment, modify this young gentleman's constitution and by-laws by hygienic care in his mode of life and by the proper constitutional homœopathic remedies. It can do no harm to postpone the operation for six months. By the end of six months or a year the boy is on the road to health and the parent has usually forgotten about an "operation."

Besides, after the operation the child has to be "built up." They'll all tell you that. Why not build up first?

The average child suffering from malnutrition, unequal development, with the attendant bodily defects, can be cured, be made to grow straight and healthy, with the right food, fresh air, proper hygienic surroundings, and a course of tissue remedy treatment, without any operations. Dear doctor, try *Calc. carb.*, *Calc. jod.*, *Calc. fluor.*, *Lycopodium*, *Sulphur*, *Agaricus*, *Mygale*, *Belladonna* (as the case may require); in a word, try the indicated remedy. If you have patience you will have the splendid satisfaction of seeing your little patient growing healthy, the bad symptoms disappearing. True the books are full of pictures of the face of the child before and after the operation. Before, the mouth open and the look half simple; afterwards, closed mouth and a stern resolved look to the face as if the boy were a young Napoleon.

But I affirm that the operation alone did not do it. There was the hygienic and constitutional treatment. Let us try faithfully this method first, be conservative, and then, if at the end of a suitable time we fail, there is plenty of time to resort to the knife for the adenoids. I think without doubt that there are cases so aggravated in character that an operation is necessary, and even then, if we first give the patient the benefit of a few months' treatment, he will be just so much better prepared to undergo



that ordeal. But I believe that two-thirds of the cases of adenoids can be cured without any operation, and that it is not right to subject the little patient to the risks in any case before all other measures fail.

T. L. BRADFORD, M. D.

1862 Frankford Ave., Philadelphia, June 1, 1912.

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### SOMETHING BITTER AND SARCASTIC.

Editor of the HOMŒOPATHIC RECORDER.

It is interesting to note how some learned physicians arrive at the understanding of certain medical questions, but at the last moment fail to comprehend. Dr. Ira Von Giesen's so-called discovery regarding lime and tuberculosis as exploited in Sunday newspapers in New York City and elsewhere with the exhibition of the Dr. Von Giesen's picture is a case in point. *Habeat sibi!*

The doctor's prescription of lime supply in food is an error as every homœopathic and biochemic physician knows. The lime supply by homœopathic and biochemic physicians has been done since many, many years by the law of the minimum. Justus V. Liebig showed, proved and taught the farmer how poor soil could be improved by salting; now everybody knows that weeds can be destroyed best and permanently between pavements by a strong, hot salt solution. V. Liebig showed that common salt was a true fertilizer if used in a solution of 1:50, showing that this exact proportion was necessary, as a solution even of 1:49.5 was still hindering the growth and development of plants!

The phenomena that salts at a certain point of dilution begin to act in an opposite way from their ordinary reaction in crude or stronger solution was called by V. Liebig the law of minimum.

If our doctor could now bring himself up to the possibility of studying impartially all those involved questions (which seem more or less homœopathic nonsense to the allopathic or scientific physician) he would be surprised to find that his discovery is quite an old story.

Furthermore, our doctor also will be surprised to learn that the great fact that the tubercle bacilli, more or less, are secondary in the whole question of the tuberculosis individually has been taught and proved by the late Dr. Schuessler far back in 1893.

It must be, therefore, a great satisfaction for every homœopathic and biochemic physician to observe how the so-called scientific school of medicine, twenty years after a homœopathic and biochemic physician had published this observation, is elevating this same teaching, not only regarding lime, but also the germ, to the dignity of a first-class discovery of the century.

Will, now, this all finally help in connection with the publication of Dr. Kinzling's absolute condemnation and pessimistic regard of the *serums* (Dr. Kinzling is an allopathic or scientific professor in the Baltimore Medical College) with this great discovery of Dr. Von Giesen in blowing away the nonsense of the germs in all their grotesque and funiest features?

The terrible consequences of the germ craze can best be illustrated by the scandal in the clinics of the German Professor Neisser inoculating innocent children with sterile syphilitic serum of whom four developed the disease (syphilis). Of course, a great scandal and a great outcry followed in the Prussian Diet.

The final result was that Professor Neisser was punished by the Prussian Government with a fine of 300 marks (= \$75); such paltry fine was imposed on this governmental professor (perhaps for the syphilization of four innocent girls?) for being so imprudent as to let out those facts of his experiments.

The callousness of the syphilizing professor on one side and the wonderful paternalism of the Prussian Government by the grace of God must be admired; some kind of explanation may be offered. This crime was committed in Breslau in the heart of the old former Polish provinces, therefore, the possible syphilization of Polish children and of further possible propagation of syphilis bringing on a happy final extermination of the Polish element in those captured provinces was not at all inconvenient to the Prussian Government. This crime against humanity, worse than rape, was punished by only a police court fine for paltry poor diplomacy.

ERIC GRAF V. D. GOLTZ, M. D.

205 E. 72d St.

*Triticum repens* is said to be a good remedy for irritable bladder, dysuria cystitis, gonorrhœa, etc. Dose, 5 drops  $\theta$ .

**LACHESIS IN THE TREATMENT OF THE PLAGUE.**

Editor of the HOMŒOPATHIC RECORDER.

A few years ago my third son had an attack of the plague, and was under the treatment of the two most eminent doctors of the old school, but finding no perceptible improvement in the course of about a week I was forced to take up the case in my hand to try homœopathic medicines. My position was like "The fools rush in where angels fear to tread." I was perfectly conscious of my position and responsibility. But my unbounded faith in Homœopathy impelled me to take up that position. Although I had by that time successfully treated a few cases of the plague I was still very uncertain of the success in the treatment of the plague on homœopathic principles, and was equally uncertain of my son's case, and was at a loss to find out the simillimum. As there were six buboes in this case I considered the case to be one of malignant boils or a case of pyæmia, and accordingly gave *Lachesis* 6. To my utter surprise the buboes matured in course of two or three days and were operated by an able surgeon, and my son perfectly recovered in course of two months. This was the first application of *Lachesis* in the treatment of the plague, and I must admit it was a kind of random shot.

Case No. II.

In January, 1905, I was treating the wife of Babu R. P. It was a plague case, and was ultimately cured. While I was attending on her her son complained to me of pain and swelling on the right elbow, and on examining the place I found a bubo as large as the stone of a plum there. The eyes of the boy were a little bit reddish and he had a wild look. I applied a few drops of *Lachesis* 6 externally, and gave a few doses internally to the boy. The boy was all right next day. The bubo disappeared as if by magic.

Case No. III.

I was treating the wife of Babu M. N. L., who was then residing at Unao, having his headquarters at Cawnpore, where the plague was then prevailing. The mother of his servant was attacked with the plague in her native village, and was being

carried in a bullock cart to the Ganges near Cawnpore, as the last rite of an orthodox Hindo, to be burnt near the Ganges, and to have her ashes thrown into the holy water of the river. She was still alive, and was put in a mango garden with the head low and the legs up, as the bullocks were removed from the cart. When it was known that she was still alive I was requested by Babu M. N. L. and his brothers to try the case. I pointed out to them the posture of the patient, and laughed at their request. But they would not listen to me, and I was obliged to examine the patient, who was to all appearance dead.

I had her placed in a horizontal position, and on examining the pulse I found it was beating strongly. She had a bubo on left side of the parotid gland. She could neither speak nor protrude her tongue, and was not in her senses properly. I gave her *Lachesis* 6, externally and internally, every hour. After taking three doses of medicine she came to her senses, and could ask for water to drink, and her condition seemed better. She was then removed to the empty stable of the Babu, and after three or four days she completely recovered. She is still alive. This case seemed to be a miracle in Homœopathy.

Now these cases clearly point to *Lachesis* as a valuable remedy in the treatment of the plague. But can any one possessing Allen's Encyclopædia or any other large materia medica, enlighten me as to whether *Lachesis* has the power of dispersing the buboes as it has certainly done in some cases. Does the pathogenesis of *Lachesis* contain that symptom?

H. L. RAY, H. P.

Ammabad, Lucknow, India, May 25, 1912.

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## DO OR SHOULD DOCTORS ADVERTISE?

Editor of the HOMŒOPATHIC RECORDER.

When the ethics of a profession degenerate into a spurious courtesy which works an injustice to large groups of honorable and efficient men and women and deceives to their lasting injury a majority of the people, it is time to ignore the so-called ethics.

This applies to the misnamed present day ethics of the medical profession.

For many generations medical ethics have manifested only as

*policy* in the garb of class-discrimination and courtesy. During more recent years, with advancement in the art or science of healing among other classes of investigators and students, and the assumed indifference by the majority of the allopathic physicians to success and accomplishments along these various diverging lines, the "ethics" of their courtesy have still further degenerated into deception and misrepresentation. A superficial loyalty to the deeds and misdeeds of their own allopathic brotherhood have for years served to screen from the indiscriminating public all accurate understanding of the aims, claims and work of other schools by generously picturing the members thereof as mental or moral incompetents; and, until now, the more advanced and victimized classes among the healing professions have not retaliated, because of the traditional fear (generated in every allopathic mill) of a loss of a prestige [which was long since denied outsiders] through any public announcement of the success attending their superior methods of treating the sick and suffering.

"A reputable physician does not advertise," announces the dominant school who have had nothing worth advertising in curative lines for centuries. Though the potential political factors of this school, as represented by the inner circle of the American Medical Association, have no difficulty in securing recognition by the press, which constitutes advertising, more or less gratuitous, for not only their real advancement in surgical mechanics, but also for the questionable, though much heralded, subcutaneous application of various poisons known as sera and antitoxins, the latter including almost the only generally applied modern methods of healing as recognized by this school of practice. Long have the homœopathic school been openly and secretly derided for their endorsement of the well-proved law that "like is cured by like," or, to put it more clearly, that abnormal body conditions are corrected by a rational application of the same elements or similar elements to those which caused the abnormality; but while the antitoxin treatment can claim no virtue save under this same derided banner, on the principle that the toxic elements of typhoid, (for instance), or diphtheria injected, prevent or cure the disease, the homœopathic school asks no credit for the many sins committed in this work. It has, on the contrary,



experienced solicitude rather than envy for this disaster-breeding application of its law.

For over a century has it met with gratifying success in the treatment of all possible diseased conditions through the use of only such subtle elements as call forth a healthy, vital reaction without entailing any of the dire effects induced by an introduction of crude poisons into the tissues of the body.

Had homœopathic practitioners repudiated the so-called ethics of the allopathic school, with its antiquated and crude curative methods, many years ago, early in the work, and boldly given to the public by every adequate means detailed accounts of their methods in dealing with disease and their success, an incalculable amount of suffering might have been avoided and many precious lives saved. It is a shocking thought to realize that lives have been sacrificed so long to a spurious courtesy. How much longer are they to remain as negative factors in a profession in which they alone are fitted to lead, yes, lead, for is not healing above surgery? It is now time for them to come to the rescue of a needlessly sacrificed public, for the healing methods which the old school are trying to enforce are, if possible, more dangerous than the drugs formerly employed and now almost discarded.

Come to the front, homœopaths, even at a risk of being individually accused of quackery by the ring within the A. M. A. that is trying to crush your colleges. You who practice true, or, more correctly, "Regular Homœopathy," are ostracized by your allopathic brothers already; protect your claims to respect, to at least equal consideration with your sera-using enemy, for your brother is your worst enemy in this respect, and you have no favors to ask nor to expect at his hands.

This urgent appeal is made to the highest grade of homœopathic practitioners in the country; to those who use because they have reason for their confidence in the potentized drug under all diseased conditions, and trust them solely for all non-surgical cases.

For the benefit of your suffering fellow-beings whose life and health are daily jeopardized by the positive efforts of the worst elements of the allopathic school, silently endorsed by the negative ones among their brother practitioners, lose no present nor future opportunity of proclaiming your successful handling of what are now publicly quoted by a misguided and misinformed press as

dangerous disease from which those saved are in the small minority.

Let the reading and listening public be informed, even the public at first denounce the informant as a quack or a charlatan unworthy of belief that typhoid, pneumonia, diphtheria, tonsilitis, gastritis, pleurisy and numberless other dreaded phases of disease yield *readily* to your minute doses of a harmless remedy prepared and selected with care and understanding as to its adaptability to the abnormal manifestations of the patient; and simultaneously let the public learn that it is essential to the homœopathic prescriber to know these many minor symptoms, annoying to the sufferer, but quite ignored by the elder school.

Let the public hear of the work done by your specialists with the same minute dose upon the tongue; of the cases of hearing restored, affected eyes healed and uterine troubles permanently cured without local treatment.

Tell them of your good work with tuberculosis and cancer, excelling that of the latest heroic allopathic experimentation; of the thousands of patients permanently cured of quinsy attacks, hæmorrhoids, gall stones, Bright's, kidney and venereal diseases, without resort to local applications or surgery. Explain the accuracy with which you are enabled because of your peculiar double diagnosis to draw the line between medicinal and surgical treatment.

Line up, Homœopaths, for a magnificent battle for the Science of Healing; worth more to the world than analyses of the microscopic cause (perhaps) of diseases, more than an estimate of the number of red or of white corpuscles in the blood, which varies in every locality, with every individual and with varying conditions in the same individual.

After you have restored your patient to a condition of comparative comfort and safety, you will doubtless explain to him, if he wish, the *cause* of his suffering. It will be as plausible as any other practitioner's theory, and such explanation is always interesting to the ex-sufferer and may enable him to avoid pitfalls later; give, if you will, these theories of Cause to the reading public; they are in the line of education and will encourage the less obstinate and blind among your allopathic brothers to discover that diagnosis is not neglected though the *Materia Medica* of the homœopathic school is worth the four years required for its rational and successful application.

Come out into the open fields with your regular homœopathic treatment and principles and you shall no longer pass to the Beyond "Unwept, unhonored and unsung."

E. O. RICHBURG, M. D.

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## TWO CASES. CAUSTICUM WARTS. CEANOTHUS AMERICANA SPLEEN.

Chance threw us in company with Dr. Jesse W. Thatcher, the militant homœopath, who has been domiciled at 35th and Hamilton Sts., Philadelphia, for many years. Over a bite of midday lunch we fell to talking "shop" as usual. In the course of the talk there came the query, from our side of the table, "Doctor, why don't you write something for the RECORDER?" Back came the reply, "Haven't the time," and some other comments which are so often heard from so many good doctors about never having any experience in writing. We replied, not exactly in Hamlet's words, that "it is as easy as lying," but that it was easy if one has something to say, and with some of us even if we haven't, but to no purpose. Thatcher was obdurate. "Well, then," said the scribe, "I'll write up those two cases"—the two which follow—"and give you as authority." "All right, go ahead!" was the reply, and here they are:

A man about 30 years of age had been successfully and personally conducted through a tour of uneventful typhoid by Thatcher, was about and apparently as well as usual. One evening, however, he showed up at the doctor's office and displayed a fine crop of warts on his penis, a crop that completely encircled that organ. A denial of any history of syphilis came from the patient. The doctor, of course, accepted the denial but with the skepticism born of experience gave him *Thuja* nevertheless. Time passed, as the story tellers say, and once more, indeed several times, the patient dropped in in the evening showing each time that the warts were more vigorous; in fact, were crowding each other, becoming inconvenient, though the patient suffered nothing in the way of aches and pains. It became evident that *Thuja* was not the remedy, but there were absolutely no indication on which to hang one but—warts. *Causticum* was

now given. The next time the patient showed up the warts presented the appearance of "arrested development," the next time they seemed to be shrivelling. Another prescription of *Causticum* was made, this time in a much higher potency, and in due time there were no more warts nor do any traces of them remain to-day.

The next case ran as follows: A lady in a well-to-do family and a good family physically, had been under the care and consultations of five of the eminent "regulars," all of them men of professional standing and very much up-to-date. Then a great diagnostician was called in, and he said "cancer." There was a lump on her side, and the only reason that an operation had not been performed was that all agreed that she could not survive it on account of the extreme weakness. The diagnostician quietly said "death" at the outside limit of three months. Well, as the scientific men can do nothing for inoperable cancer but give morphine, the family thought it would do no harm to call in Homœopathy, and so Thatcher was sent for. He looked the case over and said he didn't believe it was cancer, and did believe that Homœopathy could cure it.

"What! do *you* set up yourself against Dr. ——?" mentioning the name of the great diagnostician. "Yes," was the reply, "and I can do as well as the others who have done no good and have even put a limit on your life." That being an unanswerable proposition he was told to do what he could. "I felt sure that the trouble was in the spleen, and so put her on *Ceanothus* and nothing else save one intercurrent of *Sulphur*. In four weeks she was able to be out, and to-day, three months after the day set for her death, she is down at Atlantic City enjoying life and apparently well, though, of course, not robust."

Readers of Burnett's invaluable monographs will remember that *Ceanothus Americana* was his great "organ remedy" for the spleen; he claimed that the "organ remedy" had its distinct place in Homœopathy, and Thatcher's case proves that he was right. *At times it is the indicated remedy!*

Now you have "the two cases," and we hope you will think, as we do, that they were worth writing up.

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## EDITORIAL BREVITIES.

THE OWEN BILL. One of our old school exchanges says of this much discussed bill: "If the bill came up for a vote to-morrow and were defeated we do not believe that the profession could claim, with any very good grace, that the members of the Senate had failed to pay heed to the desires of their medical constituents." In this matter there is, perhaps, an element that the ruling spirits of the A. M. A. have not considered. It is generally admitted that the people do not want it: it is known that, with a few exceptions, no physicians outside of the allopathic (the word is used for want of a better one) ranks want it; but have the leaders considered the possible fact that even the rank and file of their own men do not want it? What have they to gain by it? Nothing. But, on the contrary, they may expect much ruling and dictation from their fellows, who are fortunate enough to land jobs under its provisions, who are really no more competent than themselves. Has it never struck you that the spirit of this and other medical bills is not only to "regulate" the public, but the physicians also? And who does the "regulating"—the bossing? No wonder the medical bosses rage at their subordinates for their indifference, for no one, it seems, but themselves want this, and similar, legislation, which concentrates power in a few hands. If a man is not capable of taking care of his patients, be he "regular" or "irregular," without dictation he is not fitted to be a physician at all. Are the official medical men more competent than those they supervise? This is the heart of the question.

THE ORIGIN OF DISEASE.—"Herophilus lodges the original



cause of all diseases in the humors; Eristratus, in the blood of the arteries; Asclepiades, in the invisible atoms of the pores; Alemaeon, in the exuberance or defect of our bodily strength; Diocles, in the equality of the elements of which the body is composed, and the quality of the air we breathe; Strato, in the abundance, crudity and correption of the nourishment we take, and Hippocrates lodges it in the spirits."—*Montaigne*.

MODERN PRACTICE.—Dr. Chas. G. Kuhlman, of San Francisco, contributes a paper to *Medical Era*, May, in which he handles, by means of seventeen quotations from prominent physicians, the vaccine-serum-antitoxin treatment without gloves. For instance, Vaughn says that no one understands the nature, chemistry or action of antitoxins. Hektoen: "Physicians may set up biologic reactions by the use of toxins and antitoxins, and such inflammatory reactions are frequently fraught with the gravest dangers. The organism that suffers the least from infection has the best chance." The Haffkine serum "killed the first eighteen Hindoos injected" at Bombay. Collins shows from reports of Registrar General that the "diphtheria antitoxin is dangerous to the public health." Koch tuberculin was a disastrous "vast vivisectional experiment" on human beings. The first twenty-five Filipinos injected with antiplague serum died in ten minutes. Simon: "Wright's opsonin theory should be abandoned, as it is open to serious unavoidable errors." Arloing and Moro assert that the theory of "the formation of antibodies or antitoxins in response to bacterial toxins erroneous." Adami claims that "immunity to bacteria is not due to antitoxins." Stengel: "The newer vaccination immunization pushed very actively in certain directions may be surrounded by a grave danger. \* \* \* Not only has vaccination done no good, but in the cases I have seen it has done positive harm." Cutter: "Serum from animals injected with diphtheria toxin or any other toxin contains such toxins in the unaltered state, and is directly responsible for the said 'grave dangers' and 'increased mortality.'"

All the foregoing is from good "regular" men, and—there you are! No comments.

WHAT IS THE KEY?—After one has wandered through a great

mass of medical literature he comes to the conclusion that it is a mighty maze to which so many different keys are offered that confusion is the lot of one who has not selected his key and stuck to it, whether right or wrong. The reader is told by this, that and the other great man that *his* particular plan is the only true one and he demolishes all his rivals. They all do it to each other, and when the reader has gone through the mass he gazes back over a vast field of wreckage. Symptom prescribing meets with a storm of shot and shell from its foes and yet, in the great round up of results, does anything show up better? Go over the whole modern and ancient field and where can one find better results, from the patient's point of view, at least? A case, read years ago, comes to mind, but where or by whom related, is forgotten—probably in the “discussions” of some Transactions. The different medical systems had all had an unsuccessful try at it and the “symptom chaser” seemed to be doing no better than the others when, one day, the patient casually remarked, “My nose is nearly always cold.” That led to *Arnica* and what is popularly known as a “cure” followed. Probably the reader knows of many similar cases, where the combined knowledge of all the faculties and universities would have availed not. Yet this kind of prescribing can be blown to smithereens by the learned, to their own satisfaction at any rate.

MEDICINE VS. OPTICS.—A somewhat ticklish subject. However, a little brief for the first named may be found in Burnett's interesting brochure, *Delicate, Backward, Puny and Stunted Children*, page 103, and following. A nine-year-old boy was wearing glasses for astigmatism and headache. There was no fault to be found with the glasses, but Burnett puts the case this way: “The boy was only half grown; he was about nine years of age; the true object to be aimed at was not a palliative temporary one, but one of organic mending, to the end that his eyes might become of themselves efficient organs of sight to last during the natural life of the individual. Do spectacles effect such an organic mending? No, they do not, but rather tend to prevent it. If you want to make a weak arm strong, do you order it to be carried in a sling?” In this case the glasses were put aside and the sight made normal by constitutional treatment. Remedies prescribed in this case are

not named. He blames the eye men for running too much to mechanics and ignoring anything else. There are several other eye cases in this book that are suggestive.

WHY ARE THEY?—One of our esteemed contemporaries writes: "Our therapeutics are in a chaotic state." It is true, but why are they? You, and your forebears, have been working away at them since the days of Hippocrates, yet they remain in a "chaotic state!" It is not your fault, for in the main you are an honest set, so it must be that the fault lies elsewhere. As it is not in the men it must be in the unstable principles that have guided them for over two thousand years. Instead of endless and aimless experimentation why not get down to rational fundamentals? Give up the idea that disease is but an entomological science and realize the truth that disease is Violation of Law, and its genuinely scientific treatment, so far as therapeutics are concerned, must be guided by law, and that the *only* law of therapeutics known is Homœopathy.

"MERE EXPERIMENTS."—"The public naturally loses confidence in medical science when annually for a given calamity a new remedy is proposed, hailed first as a panacea but soon dropped for something else. All our remedies to lessen the mortality of infants, from mathematical feeding to pasteurization, have been heralded as panaceas instead of as mere experiments to be carried out on the body instead of on the guinea pig."—*W. M. Barton, in Washington Med. Ann., quoted by the Jour. A. M. A.*

INSANITY.—The annual report of the New York State Board of Alienists submitted to the Legislature in February of this year says that there were 31,051 insane in the State Hospitals, and their capacity is exceeded by 3,043. This does not include the host of "feeble minded, imbeciles and idiots," nor does this latter include another host who are on the border line. Of the out and out lunatics 5,573 new patients were admitted during the year and 1,383 who had been discharged as cured were re-admitted.

THE PROPHYLACTICS OF HOMŒOPATHY.—In several issues lately the official A. M. A. Journal has dwelt on the subject of

"allergy," the state induced by the hypodermic prophylaxis, in which state the patient may suddenly die from a second injection if one is made some time later. The *Journal* notes that Jenner, Koch, von Behring, Theobald Smith, Emery, von Pirquet, Rosenau, Anderson and Magendie, all noticed this condition variously known as "allergy," "anaphylaxis," "hypersensitiveness" and to which might be added "Danger!" It seems to follow the use of animal matter, such as the serums, etc. It is known by experienced homœopaths that *Variolinum* is a far surer, and much safer, preventive of small-pox than is vaccine; that *Belladonna* will almost surely guard against scarlet fever, and *Cuprum* against Asiatic cholera. There ought to be other prophylactics against all other epidemic diseases, and there probably are if we knew about them. If any of our readers know of any others will they not write of the matter? The old school are hot on this trail now, but, as usual, their prevention seems to be about as much to be dreaded as the disease, if one may judge from some of their own confessions, and the repeated caution, with certain prophylactics, not to use them, if the subject is not physically sound in all respects. They need homœopathic prophylaxis as badly as they need homœopathic therapeutics.

CIVIL LAW AND MEDICINE.—When civil law butts into medicine some queer things occur. An English doctor commenting on the new Insurance Act, recently passed in that country, mentions, among other requirements, that the doctor must give the ailment, "with an elaborate scientific classification." In this, as in all civil law, the patient (if he "passes away") is assumed to have died of a specific cause, which the doctor must state in his report of the affair. Can the wisest conclave of doctors it would be possible to assemble tell with the scientific precision required just what caused any death? If so, why that classic remark about the "melancholy satisfaction" of the "post-mortem confirming the diagnosis?" Civil law is rigid, but disease is as undefined as is human character and about as varied. This impossible requirement is, also, a nasty (and easily wielded) weapon in the hands of those not called upon to make reports of death. It all seems to point to the conclusion that medicine should not get too intimate with rigid civil law.

THE RESULTS OF MEDICAL LEGISLATION.—Perhaps some readers of this journal may think it is a crank in its general opposition to medical legislation, and, also, perhaps, those readers are right—you never can tell. However, let us quote the opening words of a letter from an English doctor to *Lancet*, May 4: "Adherence to a sum of 6s to cover the entire cost of the 'best medical attendance' with the supply of medicine," etc. This seems to be the requirements of a recent act passed by the British Parliament. The point is obvious. It seems to us that when a physician is called upon to treat one threatened with death he should not be hampered with civil laws. Also, if legislators get the trick of "regulating" medicine no one (as shown by the English experience) knows to what lengths they will go. To be sure this act does not concern the rich, but it is a straw showing how the legislative wind blows.

THE "SCIENTISTS" SCORE A POINT.—The *Southern California Practitioner*, published at Los Angeles, has had a little set-to with the Christian Scientists in which it seems to an unbiased observer the C. S. scored a point. The "Scientists" had been roughly handled in a previous number of the *Practitioner* and they reply by quoting Dr. Cabot, of Harvard, to this effect: "Christian Science has done and is doing a vast deal of good, not only as a religion, but as a health restorer." They clinch the matter by remarking: "This, by the way, is the same Dr. Cabot whose ability and integrity is held in such high esteem by Dr. Nichols." Dr. N. was the gentleman who hit first, and was hit in turn as above. The strength of "the science" (though its professors will not admit this) lies in the allopathic tendency to hypodermic medication and strong drugs. Its success lies largely in the stoppage of these and the mental confidence it sometimes inspires.

PATENT MEDICINE.—In all the scraps between "the League" and "the regulars" the latter insist that the backers of the former are "the patent medicine interests." This seems to be somewhat inconsistent to one who scans the advertising pages of the official organ of the "regulars." They have the right to advertise (or permit to be advertised) what they please, but is it not incon-



sistent to admit a certain arsenical preparation that is patented, or trade-marked, as they are now doing? This, also, seems especially inconsistent in view of the fact that the journal has printed reports of several deaths attributed to this preparation; in one Paris letter not long ago there were seven deaths reported from it, if we remember correctly, to say nothing of others. We are not saying that the patent medicines condemned by the allopathic authorities are not as bad as they say, but what of this one and the many others they advertise? Are they not all in the same boat?

SYPHILIS AND TUBERCULOSIS.—Here is another element thrown into the fiercely boiling pot of modern medicine, by Dr. B. G. Brook (*Lancet*, May 11), that adds confusion to some ideas that were tending to solidify. Let us quote a few paragraphs:

"As a possible agent in the production of pulmonary phthisis, syphilis does not appear to be generally, if at all, recognized."

"Syphilis plays a part in the production of lung disease in the youth and adult the importance of which has not been recognized."

"Syphilis prepares the way for tuberculosis, and is, in all probability, the chief cause for the great prevalence of, and high mortality from, the latter disease in the natives engaged in the mine work on the Rand." (Dr. Brook practiced for years in South Africa and found 80 per cent. of them syphilized.)

He also intimates that dust is given far more credit than it merits in the production of "miner's phthisis," "knife grinder's phthisis," "stone cutter's phthisis," etc. In short, according to Dr. Brook, syphilis plays a big part in tuberculosis, and, also, in pneumonia. Granting the truth of this, it would seem that our white plague fighters are heading in a wrong direction when they war against the bacillus of the fully developed disease rather than its cause. Looming in the background of this theory one sees Hahnemann's great chronic "miasms." In fact, the deeper real medical science goes the larger looms the old *Chronic Diseases*. The longer one looks into the maze of modern medicine the bigger, saner and stronger old Homœopathy appears.

TO "STAMP OUT" DIPHTHERIA.—According to a Berlin letter (*J. A. M. A.*, May 25) von Behring has come back again after several years of nervous breakdown. He proposes to stamp out.

diphtheria in the same way small-pox was stamped out, by means of compulsory antitoxin. He says that the diphtheria bacilli does not maintain a vegetative existence in the external world, does not find in animals favorable conditions for existence; it is found only in human beings. The fear of "serum-sickness" is all that holds up the campaign. Here, again, arises the same proposition we touched on in considering Sir Henry Butlin's paper (RECORD, Jan., page 1) and Dr. Robert T. Morris' paper (RECORD, May, p. 145). If diphtheria is not to be found outside of human beings is it not fair to regard it as a constitutional condition, originating in those affected rather than an independent disease entity, as the germ theorists have it? If so, can it be "stamped out" by any other means than the righting of the affected constitutions? This sort of tyranny in medicine will never be accepted by the people save under threat of the police power—a sorry thing in medicine!

TO STERILIZE CRIMINALS.—According to a news item Governor Dix, of New York, has signed a bill, introduced by Dr. R. P. Bush and evidently passed by the legislators, providing for the sterilization of certain ones confined in the various State institutions. A board consisting of a surgeon, a neurologist and a medical practitioner, each with not less than ten years' experience, is to be the judge of who are to be sterilized. Whether this seemingly well meaning law will tend to regenerate the world is a question each one will answer according to his bent. To some it may seem that it would be better to get rid of the undesirable by hanging them rather than to mutilate them.

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### NEWS ITEMS.

Dr. John L. Moffat, editor of the *Journal O., O. and L.*, has removed from Brooklyn to 119 Stewart Ave., Ithaca, N. Y. He will confine his practice exclusively to diseases of the eye, ear, nose and pharynx.

The Homœopathic Medical Society of South Dakota held their annual meeting at Madison, S. D., May 14-15, 1912, with a rousing attendance with many good and valuable papers read before the body. The following officers were elected: Dr. O. N. Hoyt, of Pierre, S. D., President; Dr. D. F. Sullivan, of Frankfort,

S. D., Vice-President; Dr. Geo. H. Fulford, Sioux Falls, S. D., Secretary and Treasurer; Drs. Lowe, of Madison, S. D., Dr. E. W. Figge, of Woonsocket, S. D., Censors.

Dr. T. C. Imes has removed from 518 S. 15th to 1505 Christian St., Philadelphia, Pa.

Dr. George W. Dunn has removed from Palacios, Texas, to Davenport, Iowa.

At the annual meeting of the Medical Club, of Harrisburg, Pennsylvania, Dr. Samuel Z. Shope was elected President; Dr. J. Harvey Miller, Secretary, and Dr. John A. Sherger, Treasurer of the club for the ensuing year.

The thirty-third annual convention of the International Hahnemannian Association was held on June 24th, 26th, 1912, at Swampscott, Mass. A most admirable spirit of enthusiasm and harmony prevailed at all of the numerous sessions of the three days' meeting. Nine full sessions were held without any falling off either of interest or attendance. The Bureau of Homœopathic Philosophy had fifteen admirable papers under the chairmanship of Dr. M. W. Turner, of Brookline, Mass. Dr. Frank W. Patch, of Framingham, Mass., was chairman of the Bureau of Materia Medica, and presented thirteen papers by as many eminent homœopathic physicians. One extremely interesting feature of this bureau was the demonstration of the Margaret Tyler Perfected Card Repertory, a wonderfully ingenious device for the finding the remedy needed. The Bureau of Clinical Medicine, however, was the star bureau of the meeting. The chairman, Dr. Mary Florence Taft, had so skillfully managed her task that a magnificent list of forty papers were presented, some from England, Japan, Italy, as well as the United States, justifying the word "International" in the title of the society. The Bureaus of Obstetrics and Surgery were also filled with excellent papers. No time was lost in non-essentials, the scientific matter engaging the entire attention of the audience. The place of the next meeting is Chicago. The officers for the years 1912-'13 are as follows: follows:

President, J. B. S. King, M. D., Chicago, Ill.

Vice-President, Julia M. Green, Washington, D. C.

Treasurer, Wm. R. Powel, Philadelphia, Pa.

Secretary, Frank W. Patch, Framingham, Mass.

Corresponding Secretary, P. E. Krichbaum, Montclair, N. J.

## PERSONAL.

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The Hague and the court of Reno are the peace resorts.

The health board has knocked out poetry by ordering the old oaken bucket out of commission.

They say inoculation originally was an idolatrous rite to propitiate the Goddess Mattah by getting a little sick.

The fight is now on between the swatters and the flies.

When a surgeon socially cuts a man he cannot legally collect a fee for it.

"He points with pride to the fact that he is not in jail." *Sarcastic Newspaper.*

While it may be true, Claude, that a man's tie should match his hair, what of the bald headed?

He thinks "it is a crime to be ill"—until he has the bellyache.

What is wit from one viewpoint is brutality from another.

The war between the oculists and optometrists depends on your view. Rather cryptic?

The child's go-cart faintly resembles the ancient chariot going in reverse.

Only disappointment quotes "there are as good fish in the sea as ever were caught."

The man who realizes that he cannot sing or tell a story is lucky—so are the others.

"Time flies!" remarked the melancholy man. "Swat 'em!" absently replied the board of health man.

When Pinkey said she would only marry "a hero," Rosie replied, "He'd have to be one!" Cat!

After his run through the pasture of Wall St., Binks remarked, "I was on the wrong side in that bull movement."

The old Saxons termed the insane "fiend sick."

Some candidates run, others are on the run.

The candidate stands for an office, but what of the office that has to stand for him—sometimes?

Certainly, Claude, the professor knows that in certain contingencies violet eyes are as effective as violet rays.

If every child could have its appendix removed, its tonsils enucleated and its sphincter stretched disease would vanish.

"Let us get over the idea that the surgeon has the larger brain with deeper convolutions."—*Littig, in J. A. M. A.*

The best prescription for the invalid rich is "live like the poor for a year."

The custom of cannibals of feeding and soothing those they propose to eat "is highly scientific."—*Exchange.*

"The joy rider," says Binks, "has otoo many horns."

"Long-greens are always fashionable." Fashion note.

A popular character in fiction might be a bore in real life.

One of the reformers demands "two rooms and a bath" for every adult as a "right."

# THE HOMŒOPATHIC RECORDER

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## “HOMŒOPATHY AND ITS FUNGI.”

“C. M.,” of the always welcome *Clinique*, must have arisen in a bad humor when he wrote the editorial with the above heading. Here is the part with the pepper in it:

“It would be well, indeed, if Homœopathy could rid itself of a good many fungi. There can be no quarrel about teaching and preaching the use of the single homœopathic remedy; this is Homœopathy, and would there was more of it! But when it comes to classifying as homœopathic the visions of mystical dreamers, the shrieks of anti-vaccinationists, the half-baked deductions of unobservant clinical ‘observers,’ the hasty conclusions of *post hoc* reasoners, the snoring of men ‘asleep at the switch,’ the confident assertions of diagnostic phrenologists, and the sanctimonious worship of fanatical extremists—these are not homœopathic principles, but merely fungous growths on the homœopathic tree.”

Philosophers tell us that all progress has come from the dreamers of dreams since (and possibly long before) the days of Joseph in Egypt. They dreamed of the steam engine, the railroad, of the telegraph, and of many other things which were mocked at by the practical men of the time. We would all hike out to the next A. I. H. meeting in stage coaches had it not been for the dreamer Watts. Indeed, but for the dreamer Hahnemann, there would have been no A. I. H. to go to, and we would all abide in calomel, blisters and bleeding.

Sometimes it almost appears as if the “shrieks” on vaccination came more from the pros than from the antis. As we view the matter it is largely one of prejudice. Once we as devoutly believed in vaccination as we did in what “the minister” said—



something it was a sin to doubt. But many, many moons have passed since those days of unquestioning faith. Now we have about as much faith in the operation as in the therapeutic efficacy of the hair of a black cat pulled out in the dark of the moon. But many other good men and true, like "C. M.," hold to the belief (in vaccination, of course), and so our plank is to let each one "gang his ain gait" in the matter; let each leave the other to his folly, or wisdom, as the case may turn out. Altruism is a beautiful virtue, but when certain medical men try to force it on an unwilling man it ceases to be wise, worldly-wise, that is. Better do all the good you can for the people, and gather in your modest modicum of shekels rather than to attempt driving even from the highest and most other-worldly of motives, such as actuates the altruist, who would rather vaccinate the people gratis than not to vaccinate at all.

As for the other "fungi," it seems to us that you will find that class in all the highways and byways of life, professional, profane and fanatic alike; even, if we may believe what is whispered, in the esoteric circles of the Brahmins of science. No big organization is free from them, cranks and near cranks, and to attempt to weed them out might be disastrous because of the difference of opinion that would arise, when it came to the weeding, as to who should be weeded out. Each one of us, you know, if you have looked into psychology, deep down in his heart, gives thanks that he is not as other men, hence we should exercise charity to our mentally poorer brethren, teach and gently lead them, but not attempt to root them out, for we have it on very high authority that in pulling up the tares you may pull up the wheat also.

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### THE WHOLE CASE.\*

By C. M. Boger, M. D., Parkersburg, W. Va.

While school instruction should sharpen our wits, its trend thus far has left out most of the factors which teach us to draw out the patient, with the consequence that the young man who enters practice is at once confronted with a flood of subjective phe-

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\*Read before the meeting of the International Hahnemannian Association at Swampscott, Mass.

nomena, and unless he can quickly readjust himself he will fail to get the proper grasp of the subject before him. As the most prolific cause of failure is partial knowledge, the temptation to take advantage of the various weaknesses and foibles of human nature at this juncture is very great. This is doubly true of the homœopath, who should look at each case from as many angles as possible.

As we know the earliest evidences of the disease to be largely subjective, it must necessarily have a decidedly personal bias. Individuality hides itself more and more as sickness advances and becomes more objective. The more firmly disease is established the more objective are its manifestations. Hahnemann realized this perfectly, although I am not aware that he said so, but we can draw no other inference from the meaning of the *Organon*.

The relative time for the appearance of each symptom naturally varies with the speed of the disease. From this we reason that the earliest mental manifestations are decidedly the most important of all symptoms. If we have the acumen to detect these very early we will also soon discover that the later mental phenomena are simply variations, and that either will lead to the same remedy, which will, however, be found with increasing difficulty as the case progresses.

The getting of mental expression is greatly facilitated by allowing the mind the greatest possible play and watching the effect. It will then reveal itself to the careful observer more fully than in any other manner, particularly more so than if we try to force it, for the soul speaks the same language, clearly and simply in every race and every clime.

It is, however, not an infrequent experience to find the picture of some remedy only clearly revealed after the affection in question has progressed to a considerable degree. Sickness always flies its more important signals last, and, if we do not recognize them as they come along until it is far advanced, it is either because we have not been sharp enough to see them or we have awaited the advent of some important signal that might lead us toward a well established keynote. In other words, we have not been thorough enough in our first examination.

For the beginner our great collection of symptoms can have no great meaning, because, like every great work its genius is

largely to be read between the lines. *We read sickness out of its symptoms then into them.* The spirit of the text reveals the hidden power of each drug which must be grasped in order to make the best use thereof, hence a *homœopathic physician is one who follows the law of similia according to his ability.*

The power of a given remedy is justly proportioned to the degree of similitude which exists between its own genius and the peculiarities of sickness; hence diagnosis will hold but a secondary place, and the importance of the modalities diminishes steadily as the resemblance increases. A long symptom is more highly expressive than many short ones, and often flashes forth a soul desire or distress so naturally and decisively that we should never begrudge the labor of getting it. Most drug symptoms seem to belong to some organ or other; nausea, for instance, is mostly referred to the stomach, cramps to the muscles, etc., etc. When, however, it seems unaccountably out of place, it should, of course, attract our attention, as this very fact puts it in the first rank. In so doing it however points out the location for which the drug in question has a particular affinity. The power which a particular drug may have over some one symptom is sometimes very great, as witness the energy with which *Ipecac* stops the vomiting of tubercular meningitis without affecting the course of the disease in the least. This is more than a very pronounced illustration of suppression, for it shows the particular direction in which *Ipecac* acts most prominently. It also points the fact that we may use such predominating effects in a palliative way, as most of us have done with *Arsenic*, *Lachesis*, and a few other remedies; but it should also make us doubly careful that we may not be guilty of suppressing whole disease processes by following the lead of some great keynote too abjectly. Nothing short of the whole case can indicate the truly curative medicine.

In medicine the term suppression is ordinarily understood to mean the forcible removal of some effect or symptom by external measures regardless of the welfare of the patient. Such measures are the destruction of parasites, excision of the tonsils, cutting away of piles, the application of liniments and countless other procedures. In a broader sense it includes everything that distorts the natural image of disease, and as such may be in-

cidental and is moreover not always confined to any one method of practice.

As comparatively few men are privileged to see the powerful reactions which belong to homœopathic experience, it is not strange that much therapeutic nihilism should prevail; hence many look to preventive measures or the pure recuperative powers of nature for help. This is also largely responsible for much makeshift practice, with the consequence that the normal course of disease is rarely observed and its lessons are therefore lost. It is to be observed that the laity has learned much by often seeing unaided nature do better work than meddling physic. This has operated as a great and beneficent check upon certain kinds of practice.

The homœopath who once sees the indicated remedy upset his cherished notions of prognosis will be very slow to surrender its power for any palliative whatever. It is a great pity that every practicing physician can not be brought to see at least one true homœopathic cure.

If it be true that similar causes bring about like effects, and we once admit that a similar acting remedy has ever cured a single patient, we thereby acknowledge the universality of the law and should cease trying hypothetical treatments based upon diagnoses that must of necessity be largely speculative.

The human body is a great storehouse of potential energy which it is our business to direct whenever its expenditure becomes irregular or inharmonious. No man can do this by confining it, first here then there; for life exists by expression, and its pent up internal forces will irresistably destroy their container when treated thus. Knowing this the true physician realizes that every real cure proceeds outwardly, and a symptom is the external reflex of an internal distress, the stamp of which it bears.

The habit of every cell in the human body is determined by the central nervous system, and it in turn is governed by the soul; therefore, every disease has its mental phase, in which it stands rooted and grounded. The nervous system of itself acts largely automatically, regulating the life forces and expenditures, but in turn is governed by the soul whose acts are all voluntary; when it is quiescent the former acts automatically, in a dynamic manner.

As cure commonly means the removal of some evil, distress or disability, its scope is broad and its attainment idealistic. What seems so sure a cure to-day we may to-morrow know as a recovery only, for it is one thing to hold the vital forces well in hand, but quite another to eradicate disease. While cleanliness has done much to limit new accretions to psora, syphilis and sycosis, it has accomplished nothing toward removing the death stamp which these miasms have fixed upon the human cell for thousands of generations; nor will it. Only a similarly acting, non-self propagating substance can stimulate the cell to throw off these poisons which have fastened themselves upon it and which daily ripen a rich harvest for the surgeon and the undertaker.

The common treatment of gonorrhœa is particularly pernicious in firmly implanting the sycotic miasm. It is a case of continuous suppression from the start, each step being more insidiously destructive until death closes the scene. When we know how easily this infection passes from tissue to tissue, and how its presence excites rapid cell proliferation, we should beware of suppressing it or treating it lightly. How many women have been sterilized directly or indirectly by this poison? How many go to the operating table for the removal of its effects?

The many phases of psora can be met in but one way, by the similar remedy. Nor will a single drug ever meet all of them, hence a careful study of the "Chronic Diseases" of Hahnemann is most necessary if we wish to do the most good; always bearing in mind that the mind puts its stamp upon every symptom, and in order to do the very best work we must be able to see the imprint. It is true that this task is not always easy, for many conditions necessarily come on with an absence of mental phenomena. Then the task may be still more difficult, but we must train our minds to observe the slightest deviation from the normal, for it is the irregularities of disease that furnish us with the surest clue to the indicated remedy, hence the cure.

Holding this truth well in mind, we must early learn to distinguish the inevitable or diagnostic elements of each sickness from the more subtle but exceedingly essential symptoms which invariably guide us in the direction of the truly curative medicine; nor can we hope to do good work without the latter. A



very practical point arises right here. Long continued case records show that there are comparatively few cases of chronic disease that have not needed a course of *Sulfur*, especially toward the close of the treatment. But the greatest of antipsorics may also be given too early—an old house can not be taken down safely by removing the foundation first. We will often accomplish later with it much of what might have been made incurable by giving it too early. A careful scrutiny of each clinical picture will reveal the peculiar or crucial symptom around which all the others revolve or to which they are fixedly attached like the wires leading into a central telephone exchange. Sometimes this key-symptom can only be obtained by welding the most diverse manifestations into one, and then regarding it as such, after which all the others will fall into place of themselves and complete the picture.

This essential symptom is not peculiar to any special organ, condition or place. It extends the left hand to diagnosis but offers the right to the individuality of the sickness of which it must constitute a more or less concrete expression. It is not the product of numbers, but rather stands out from while yet remaining the peculiar part of the whole color scheme.

The psychic expression of which every symptom is the attempted exposition should be studied most carefully in its inner phraseology, only thus will we see the difference between a rigid literalism and reading the spirit of the text between the lines.

This difference is very easily discovered in the use of repertories which nearly all compel a more or less artificial assembling of the bare elements and conditions of symptoms. By a process of exclusion they endeavor to sift out the most fitting remedy.

A symptom which is related, even remotely, to the desired one may often be thus found with comparative ease, but the next step which traces its ramifications through other remedies, is however only begun, although we have at present the great satisfaction of following it rather quickly by means of the Concordances of Boenninghausen. The whole case resolves itself into this: Shall we pick the key-symptom and quickly run it down by the aid of the Concordances, or shall we depend upon a greater or less approximation thereto by means of throwing aggregated groups (rubrics) into comparative juxtaposition?

All who use these helps know full well that the finding of the correspondence which exists between the animus of the sickness and the genius of the similimum is not fully accomplished by this method.

## HOMŒOPATHY AND THE FLEXNER VAGARIES.

By F. J. Sperling, M. D.

Abraham Flexner, Ph. D., brother of Dr. Simon Flexner, of Rockefeller Institute, both of the old school of physicians, gave in their report on "Medical Education in the United States and Canada," the following: "For everything of proved value in Homœopathy belongs of right to scientific medicine, and is at this moment incorporate in it." By careful search we find that there are two books on Therapeutics and Pharmacology published by recognized old school authorities. The first is the writing of A. R. Cushny, M. A., M. D., T. R. S., formerly of the University of Michigan, now professor of Pharmacology in the University of London, England, and examiner in the universities of London, Manchester, Oxford and Leeds. The other writings are from Dr. Samuel O. L. Potter, A. M., M. D., M. R. C. P., London, professor of the Principles and Practice of Medicine, Cooper Medical College, of San Francisco. Permit me to quote Potter to show how closely he follows the ideas of Hahnemann:

*"In acute and chronic dyspepsia, characterized by gastric catarrh or subacute gastritis with a white coated tongue, no taste or a greasy sensation in the mouth, nausea, heart-burn, sick headache, anorexia, depression and diarrhœa, Pulsatilla is a very efficient remedy, given in medium doses. \* \* \* It does good service in intestinal catarrhs, shown by passive, mucous diarrhœa with little pain, which are frequently seen in the febrile affections of childhood, especially measles, mumps, chicken-pox and remittent fever."*

*"Pulsatilla is generally credited with specific therapeutical action on the generative organs of both sexes. Epididymitis and orchitis have been often controlled and entirely dissipated by its administration in very small doses, a few drops of the tincture in a glass of water, of which 3j is given every two hours (Piffard, Sturgis). In more than twenty-four cases of acute uncompli-*

cated epididymitis doses of two drops of the tincture every two hours gave immediate relief, the patients wearing a suspensory bandage but not being confined to bed (Borcherin). Doses of five drops aggravated this disorder, while those of m. 1/10 every three hours proved curative (Piffard). In functional amenorrhœa, in scanty or delayed menstruation and in suppression thereof from fright or cold, in ovaritis and in *simple leucorrhœa* with back pains and nervous depression, it has been found an excellent remedy. Dysmenorrhœa has been removed in several cases by two drop doses of the tincture given thrice daily for several days before the menstrual epoch (Piffard).

"Besides the catarrhal affections of the ocular mucous membrane already mentioned, *Pulsatilla* has remedial power in certain affections of the eyelids. Its internal administration is said to *effectually blight a sty* if given early, but will not prevent its recurrence. It is an efficient remedy in *recent blepharophthalmia*, with *profuse lachrymation and meibomian secretion*, and it is said to stop *twitching of the eyelids accompanied by photophobia*. It has been used with decided benefit in *the earache of children* and in *recent catarrhal deafness*, also in acute cerebral and spinal meningitis, eclampsia from various causes, asthma, *subacute rheumatism* of the *small joints*, *acute rheumatic gout*, *left-sided clavus*, *hemicrania* and *infra-mammary pain*."

Under the heading of *Pulsatilla* I found the above quotations in Potter's Practice of Medicine.

We find that Dr. Potter has quoted Dr. Hughes' word for word, and in most of his writings on *Pulsatilla* has used this doctor's ideas and published them as his own. In the above article all words in italics are found in Dr. Hughes' Manual on Pharmacodynamics. This is not only true of *Pulsatilla* but of other remedies. Compare Potter\* and Hughes' works and you will be convinced of what I say. Has Homœopathy been appropriated by and incorporated in the other practice?

Simply to appropriate pages, chapters and volumes borrowed from our own writers, and to include this material in books from the old school press, does not mean that it "belongs of right to scientific medicine and it is at this moment incorporate in it."

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\*Potter was graduated from the St. Louis Homœopathic Medical College, and "went over."—EDITOR H. R.

Homœopathy is not incorporated in the so-called scientific medicine, and will not be until the authorities in that school and its practitioners actually accept and apply its precepts according to rule. The old school would have us believe that they have absorbed our science in their system, but such is far from being the case.

"I doubt if any practitioner of Homœopathy is so blindly a follower of any cult, the devotee of a doctrine which has become almost a religion, that he is unwilling for the benighted to receive light, and, if need be, to give up his alleged sectarianism when his long studied theories have at last been universally accepted. I am sure the dream of every homœopathist is that blissful day when scientific medicine shall have accepted *Similia similibus curentur* as its rule of action and the small dose as a natural corollary." If these are now actually incorporate in the bedside practice of scientific medicine, so far as this writer is concerned, he is already to say most joyfully, 'Lord, now lettest thy servant depart in peace!'"

In a text-book on "Practice of Medicine," second edition, written by Dr. H. A. Hare, M. D., B. Sc., professor of Therapeutics in Jefferson Medical College, Philadelphia, we find the subject of Typhoid Fever discussed. The first forty pages of this book treats of typhoid, discussing pathology, symptoms, diagnosis, the diet and general treatment. As to medical treatment little is mentioned. Condemning antipyretics, sneering at quinine and making brief reference to stimulants and intestinal antiseptics, Hare says: "Drugs are not to be given \* \* \* if they can be avoided, that is, they are not to be used except when they are certainly needed to combat some definite condition which should be alleviated."

James M. Anders, M. D., Ph. D., LL. D., professor of Medicine and Clinical Medicine at the Medico-Chirurgical College of Philadelphia, devotes eleven pages to typhoid. Remedies for their dynamic effect are not mentioned except in a brief reference to curative inoculations with serum. Nothing new is mentioned in the line of remedies, only the old, such as calomel for constipation, opium for diarrhœa, etc.

James Tyson, M. D., professor of Medicine of the University

of Pennsylvania, mentions nitrate of silver in quarter grain doses, together with opium, in the diarrhœa in typhoid. Astringents, turpentine and antiseptics are given their usual place.

Thomas D. Savill, M. D., post-graduate lecturer to the London Post-Graduate Association, wrote a book, entitled "Clinical Medicine." He devotes one-third of a page to the medical treatment of typhoid fever. In reference to remedies he says: "These are not of much value, and treatment by drugs is chiefly systematic."

William Osler, M. D., professor of Medicine of Oxford, the noted writer who recently completed his seventh edition on "Practice of Medicine," quickly disposes of the medical treatment of typhoid. He says: "In hospital practice medicine is not often needed. A great majority of my cases do not receive a dose. In private practice it may be safe, for the young practitioner, to order a mild fever mixture."

If Homœopathy is incorporated in such poverty stricken therapeutics, we cannot find it. As is often argued by the old school physician that it is not fair to take typhoid fever since it is a self-limited disease and does not yield to medical treatment; it is just necessary to sustain the patient and nature will effect a cure.

Homœopathy has shortened the natural course of typhoid fever and has greatly reduced its death rate. Homœopathy is still able to cope with the dread disease and put to shame the therapeutic impotency of the dominant school. Homœopathy has proven over and over again its value by the use of such remedies as *Arsenicum*, *Baptisia*, *Gelsemium*, *Bryonia*, *Nitric acid*, *Veratrum*, etc. These remedies are hinted at by the old school. If Homœopathy is incorporated in "scientific medicine" where is reference made in the treatment of typhoid? Take any disease you may, the rule applies to all. What would happen if the public really and fully understood the whole truth regarding the old school? Osler says: "And after centuries and ages of study there are confessedly but *ten or twelve great remedies*." The comparison of their uses now and fifty years ago shows no advance whatsoever. They have used a few remedies, while they have lost confidence in many which they have since abandoned.

Take the language of Sir Dyce Duckworth, of London, for instance. In speaking before the Faculty of Medicine in Paris, a short time ago, Sir Dyce said: "We are, I much fear, suffering



in these days from a widely spread spirit of incredulity, timidity and hopelessness in the whole realm of therapeutics. We spend much time in cultivating elaborate diagnosis, and this is quite right, but we grievously neglect our main business as healers and mitigators of disease. Our knowledge of the *materia medica* has declined out of all proportion to that gained by the progress of bacteriology, which claims to supersede the older therapeutical art. It will never supersede it, for there are, as Sir William Jenner said, but two great questions to be answered at the bedside of a sick man—what is the matter with him? and what will do him good? Are we not too apt to-day to forget the second question, to experiment with synthetical novelties, and to forget the old long-approved remedies? In short, are we not, as physicians, slowly drifting into the position of abstract scientists and gradually losing our proper relation to the sick as skillful medical artists?"

Sir A. E. Wright's opsonic work, for example, is but a confirmation or rediscovery of Homœopathy.

The truths of Homœopathy are being rapidly established. The laws of similars will be accepted in time by the coldest blood scientist; however, its non-acceptance at present is due to prejudice.

As has been proven again and again, when surgery was helpless and general science could do nothing and the case was about hopeless, the homœopath comes in with his excellent knowledge of *materia medica* and restores the patient to health.

The old school has gained step by step until it is now a prosperous, strong organization. They won the people's confidence by making them believe that they represented medical truth—science—and were the only friends the laity had, and that the laity should stand by them and forsake the evil ways which led to Homœopathy.

It is unusual for a man in the dominant school to carry anything in the way of drugs in his pocket save his hypodermic syringe. This is often done to convince the people of the worthlessness of drugs or to cut away from our support the men who have faith in drugs—for homœopaths use drugs.

The magazines are publishing articles written by old school physicians, telling how harmful are drugs. The people are told

not to use drugs, not to trust anybody who prescribes drugs and to avoid worthless pills. As a result the laity are given the idea that drugs are of no use in the treatment of the sick.

We must support Homœopathy, and if we follow Hahnemannian methods we shall be successful. We read how he stayed up all night, how his wife struggled with a family washing. Again, we read that he was not allowed to practice more than eight or ten months in any one town because the dominant school told him to get out.

Let us take a lesson from dear old Hahnemann. We, too, must struggle and fight with all earnestness and zeal in order to gain the ground we have lost. Success will and must come. It comes to those who work and wait. Let us all put a hand to the wheel and make old Homœopathy hum.

You know Ringer, the man on "therapeutics," an excellent worker, being a very popular physician, believed in Homœopathy and wrote an interesting book.

Souchon, in France, admitted he was a homœopath.

Von Behring declared he was unable to explain the principles of serum therapy excepting on homœopathic principles.

Homœopathy can and must live. We should work for it with might and main. Do not be afraid to put out your sign

HOMŒOPATHIC PHYSICIAN.

What we need more than anything else is advertising. Do not misunderstand me. I do not wish you to believe that I want you to advertise in the papers, but do it through friends by personal work, this is what counts.

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## UNANSWERED QUESTIONS CONCERNING VACCINATION.

By **Benj. C. Woodbury Jr., M. D. Portsmouth, N. H.**

It is indeed a sad commentary upon the wisdom and better judgment of a community whose inhabitants personally or by proxy are supposed to consent to the making of its own laws, that the enforcement of said laws should openly be carried to the point of infringement of personal liberty.

We here make reference to the exclusion of individual children from the public schools, who, owing to certain conditions of

recognizable ill health, have been given vaccination certificates by physicians of recognized standing in the community. If it were to establish the case for or against vaccination as a medical question, which any layman or physician who will take the trouble to investigate the subject can satisfy himself at will, these statements would seem very irrelevant. It can, however, be stated upon good authority that physicians have for some time acknowledged themselves to be of the belief that vaccination is not a medical question, but purely a matter of statistics, and a careful study of the latter should invariably be conclusive of their decided leaning toward the side of the anti-vaccinationists. We are not, in these brief comments, considering the question of vaccination pro and con, or the interpretation of its laws, but rather, whether or not there can be any law upon the statistics of any state that will nullify the individual rights of citizenship or thus remain for long in open conflict with the dictates of personal conscience, the rights of liberty or the pursuit of happiness.

The following queries are pertinent:

1. What is vaccinia?
2. What is the history of the present method of vaccination with glycerinized virus so-called; does this method differ in principle from the former inoculation of "horse grease," "swine-pox" or "cow-pox" from which the name is derived, and for the brilliant discovery for which Jenner was made generous pecuniary grants by the English Parliament?
3. How does cow-pox, or how does swine-pox, differ from "monkey-lymph" or the more recently elaborated calf-lymph?
4. Is the so-called "lymph" from a ripened pustule (cow-pox) purely lymph, in the sense that physiologists understand the term, or is it rather pus from the ripened cow-pox pustule?
5. If not partaking the attributes of either pus or lymph, what is it?
6. Does vaccination confer immunity from small-pox; if so, for how long?
7. Does such immunity last for life, as suggested by its discoverer, or is revaccination necessary?
8. Does the degree or duration of such immunity depend upon the size of the scar?
9. If any of the above questions were definitely known, why

should physicians be so distrustful of it, and recommend vaccination and revaccination at the least suspicion of an outbreak of small-pox or the appearance of a solitary case of the disease in a community?

10. What is the source of the "pure virus" with which the calf is at present inoculated?

11. Does any such disease as true cow-pox exist at the present time; if so, is it the result of syphilitic infection from the hands of infected dairymen?

12. Is the disease which is supposed to have been contracted by the dairymaids in Jenner's time from the diseased udders of the kine, which unquestionably showed a predilection for attacking the hands of those so affected, identical with the more modern pox-pustules produced upon the abdomen of the calf by scarification?

13. If cow-pox is a disease transmitted from "horse grease" to stablemen, thence to the udder of the cow, and finally to the hands of the milkmaids, as Jenner believed, is this method in vogue at the present time; if not, why call the present method by a misnomer?

14. If the virus known to have produced genuine small-pox flaring out suddenly among the recently vaccinated, as is known to have occurred, and against which special statutory acts have been passed, is there not still more or less doubt as to the absolute certainty of its non-appearance in the immediate host?

15. Has anyone ever yet demonstrated what calf-lymph really is, or the true correspondence between the immunity so afforded and natural acquired immunity (vaccination being itself supposedly an example of artificial acquired immunity)?

16. Is there any definite way of determining before hand just what will be the effect of inoculating an unknown poison (virus) into a given constitution, the tendencies of which may be transmitted to "the third and fourth generation?"

17. Are the earmarks of scrofula, tuberculosis and allied disease tendencies so recognizable and patent that the ordinary observer, though he be a trained physician, can state the exact condition that will obtain after inoculation with vaccine?

18. Is there any other means whereby small-pox may be prevented or averted; if so would not such methods seem worthy of careful investigation?

19. If such measures are available, are they so much at variance with the sanitary methods which we are told have cleaned up the filth of London, Leicester, and practically abolished small-pox from many other "poorly vaccinated" vicinities so-called?

20. Is there any truth at all in the principles of immunity; if so does any method other than that of crude vaccination suggest itself to the unprejudiced investigator?

21. Has not "internal vaccination" by the nosode variolinum been employed with sufficient success by many homœopathic physicians, particularly in the small-pox epidemics in Iowa, to warrant its careful trial as a safe and scientific "substitute" for the crude method of scarification? Legislative recognition has been given this method in the state; why not test its efficacy more universally where other than sanitary measures seem necessary?

22. Is it a matter of common knowledge to the layman that the vaccine virus injected into his circulation is the direct result of an effort on the part of the life forces of the inoculated animal to expel from its system an excrementitious material? The calf manifestly did not and would not tolerate it within his organism, shall such effete substances be tolerated or invited by the human subject?

23. Is it commonly known and taught that small-pox and similar disorders are "filth diseases," and represent in their entirety well directed efforts on the part of nature to effect healing crises, thus ridding itself of the results of improper nutrition?

24. Is the ordinary conception the correct one, that disease is an entity, a visible, vague, mysterious, yet withal a terrible monster that stalks about in our midst, distilled from the exhalations of our chance acquaintance, or reposing in the garment of our dearest friend: instead of *something interior to ourselves*, at first existing merely in the potential, which under proper conditions of depressed vitality and bad habits in eating, living, thinking, is *capable of being "caught" within ourselves*?

25. Is small-pox a germ disease, and if so does it differ from other so-called filth diseases, the seeds or germs of which should be recognized simply as secondary or exciting causes, which exist latently or actively *in the bodily interiors of our very selves*?

Until the above questions and many others of similar nature can be satisfactorily answered, is any body of physicians or any



body of law makers justified in placing an embargo upon personal liberty and forcibly compelling any free-born citizen to take any virus into his system any more than any drug?

Meantime a vaccination commission has been recently appointed by the State of Pennsylvania to investigate these questions. It is composed of an equal representation of pro-vaccinationists and anti-vaccinationists, and a definite number of impartial jurists. Much is to be hoped from the report of this commission. As nearly as can be ascertained, with all fairness to the parties concerned, all that is asked by those opposed to the practice of vaccination is the right of being granted what is called "the conscience clause," which measure has already prevailed in England. This it may be explained is the right of the dissenting parent to have his or her child exempted from vaccination as an act of compulsion. This does not take away the equal right of this or that person's neighbor to any of the benefits believed to accrue from the practice of this measure.

The vaccination act has in several of our states been so modified or constructed as to allow the acceptance of the certificate of a registered physician in lieu of scarification.

We shall await with much interest the report of the Pennsylvania Commission; meantime protect in so far as we are able such children as we deem unfit subjects for vaccination, until legislation shall have removed from them all such infringement upon their just rights to a clean bill of health and personal freedom.

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**THE EIGHTH QUINQUENNIAL HOMŒOPATHIC  
INTERNATIONAL CONGRESS, LONDON,  
JULY 17-22, 1911.**

The Transactions of this Congress come in two volumes of 832 pages, edited by E. Petrie Hoyle, M. D. A complete review of a work of this nature is impossible in our limited space, and we must confine ourselves to a few bits taken here and there that may interest the reader. President Burford in his address, after sketching the persecutions of Hahnemann in the early days, said:

"The whole account reads like a description of a heresy hunt in the Middle Ages; and is totally at variance with the traditions

and instincts of a liberal profession." After this he quotes Osler, winding up the quotation with these words of Osler: "The original grievous mistake was ours—to quarrel with our brothers over infinitesimals was a most unwise and stupid thing to do." Dr. Burford added, later, that "our meeting here to-day is the outward and visible sign of its persistence." Dr. Osler admitted that the persecution was bad policy but until what he stands for is willing to admit the scientific truth of what the word Homœopathy stands for such statements do nothing towards "healing the breach" save with those who think that mere good fellowship is of more importance than scientific truth. If Homœopathy stands for a truth it should be universally acknowledged; if it does not "charity" towards it is a mistaken policy. Osler, and others who believe like him, are really in a worse position than the men who persecuted Hahnemann. If they believe Homœopathy is a truth they should say so; if they believe it is an error they should say so, for it has to do with human ills. If it be an error the sooner it is done away with the better. If it is what it claims to be the sooner it is acknowledged by those who have the care of human ills the better. There is no middle ground in the matter unless one confesses: "I do not know."

Dr. Kranz-Busch said: "This history of Homœopathy in Germany during the last ten years presents a very remarkable advance, especially regarding the progressive diffusion of our method of treatment amongst all classes of the population as well as the scientific and practical work of the German homœopathic physicians; and last, not least, the growing comprehension of our allopathic colleagues, even amongst the medical coryphei of our universities, who more and more acknowledge the principles of the homœopathic doctrine." It is evident, however, that the allopathic official powers are not friendly because "for the last few years the German homœopathic physicians have had to fight for their dispensing license." How the German official mind can reason that a physician who is fitted to prescribe medicines is not fitted to dispense them (especially when in infinitesimal doses) is a problem the outside mind fails to comprehend. Probably the druggists are more concerned with their profits than with the good of humanity.

In Austria Dr. Klauber reported: "Die Homœopathie in Oesterreich befindet sich dermalen in einem stagnierenden Zustand," which, interpreted, means, in short, "stagnant." The bottom reason for this is that the medical powers forbid the physician from dispensing his own medicine probably in order "to protect the public," *i. e.*, the druggist's pocket. (That may be bitter but is it not fact?)

France and Switzerland do not report anything marked one way or another.

In Russia, at St. Petersburg, "the position of Homœopathy is secure," but in the provinces it is moribund. In the days of the Czar Alexander III Homœopathy was the treatment of the imperial household, but since then the attitude of the aristocracy has grown cooler. However, it still seems to be the treatment adopted by many of the higher classes.

In India Homœopathy is strong in Calcutta, and from that city has spread to the remotest provinces, chiefly by means of licensed homœopathic practitioners.

The foregoing is an abstract of the reports from various countries sent in to the Congress excepting that of the United States of America. The remaining space in the volumes is taken up with papers on various subjects; most of them are excellent, and if opportunity offers we will give abstracts of some of them in the future.

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## CONCERNING BLOOD STAINS AND BIOCHEMISTRY.

To the Editor of the HOMŒOPATHIC RECORDER:

Dear Dr., I have had some correspondence with Dr. von Der Goltz in regard to Biochemistry, and feeling perhaps you might be interested in knowing what I propose, and might be of some help to me or offer some suggestions, I am writing you first and foremost. I was an allopath for twenty years, lost my health and quit practicing, studied Homœopathy, and incidentally learned of Biochemistry; studied it and began to practice it because it appealed to me as being scientific. I will not go into details as to reasons for thinking it the last word in therapeutics, but will say that I am of a scientific turn, and Biochemistry offered a more enticing field for my scientific learning. I practice Biochemistry

exclusively in harmony with the later developments as to known inorganic constituents of the body. Taking up Schuessler's hint as to facial diagnosis and following von Der Goltz's hints as to the main features of the various salts, I became convinced of their *absolute* value, but I also incidentally learned how different it is to acquire the knowledge only by using single remedies. Can it be possible to acquire this valuable accomplishment *now*? I formed the idea that if the face and other physical peculiarities were guides to the deficiency or rather the *tendency to become deficient in a certain cell salt*, which is *likely similar to the NOT well understood tendency to certain DISEASES* in certain individuals (and I have not seen this suggested as yet by any one, but it is reasonable). Why would not the blood offer a guide in a similar manner?

But difficulties presented. The examination of the fresh sample was not to be thought of because of the difficulty, etc., and so the dried specimen was the only feasible method, and herein another difficulty was that no stain that was of universal application was avoidable. No stain that was capable of staining satisfactorily all kinds of conditions of blood. I selected Jenner's and Nocht's as the best of their types, and worked to combine in a single sol. stain the good qualities of both, and I worked it out securing a stain extremely sensitive to the least change in reaction or quality of the blood—that is, the most satisfactory stain for malaria, white cells and blood plates; and by the way, I have learned some things about blood plates that after reading Béchamp's work, "*The Blood*," gives several hints that may be important. To make the matter brief I have become encouraged that much can be learned from such an examination. By examining the blood in cases and comparing results in cases cured by a certain cell salt I have found certain characteristics that promise some help in some cases. How far this will extend I do not know, not having the experience as yet. What I want now is more observers and thus more quickly find out what can be done, and by comparing results some facts will be established if it proves to be of any value. Some skill in the use of microscope and, in fact, rather an expert in the use of it and the manipulation of the stain, etc., is necessary. One accustomed to its use and ability as an observer will be required, and also the

knowledge and practice of biochemistry. Hoping you might be interested and would be willing to help investigate it has induced me to write you. Dr. von Der Goltz will take it up and if you do not maybe you can cite some one who would be competent to help. I will furnish the stain for the experiments.

Of course, the results will be written for the RECORDER. It must be also some one who is using the tissue salts exclusively if possible. By exclusive I mean one who depends on them. As a matter of course one who has practiced Homœopathy would likely at times use other remedies that had served him in similar conditions in the past. It is this fact of former success in using other remedies that prevents the old homœopaths from becoming expert in the use of the cell salts. While I am a biochemist, yet I agree that when a remedy cures the cure is the same no difference how it is selected. The same thing occurs in the organism. I have also found that while at times the right cell salt is found ridiculously easy, yet in others it seems impossible to find the deficiency, especially in chronic cases that have been variously treated. I almost said barbarously treated, and I would not be far wrong. It is in those cases where a combination of two or more of the constitutional states of Hahnemann or what I prefer as more scientific, v. Grauvogl's division of constitutions. It is here that the lack of definite data for selecting the controlling deficit, and by this I mean that some deficit was the cause originally, and by the subsequent disturbance other cell deficiencies may or do occur, and by supplying the original cell deficiency the recovery will go on quickly and progressively. But if the secondary cell deficiency is supplied without recognizing the first cause no cure can occur of a permanent character, and I think herein lies the greatest source for failures in cellular therapy and possibly other therapy as well.

It is to help in just such complex states I hope to find a way in the blood examination.

G. W. FREDERICK, M. D.

Kokomo, Ind.

P. S.—While I make use of any element sure to be a constant constituent of the body, I find them rarely needed, but when the twelve older known salts do not cure I resort to them, and so far have had no failures, and some so-called incurable conditions have been through my hands.

G. W. F.



**LUX.**

Editor of the HOMŒOPATHIC RECORDER.

I will thank you very much if you can give me any information regarding the writings of Lux, the old homœopathic horse doctor—as to where I can get hold of any of his pamphlets for a short time, or his photograph or picture. I am anxious indeed to obtain the above information, and if you cannot furnish it will you kindly publish this letter in the RECORDER? I trust by this wider circulation of my wants there will be found some one with the desired information and who at the same time will communicate with me in regards to the matter. I will thank any one if he will give me any information on the subject whatever.

Again thanking you, my dear Dr. Anschutz, for any courtesies you may extend me in the matter.

CHARLES H. DUNCAN.

233 Lexington Ave.,  
N. Y. City, July, 9, '12.

## **OCTOBER MEETING NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.**

The semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held at Buffalo on October 8th and 9th.

The officers and the members of the various bureaus and committees are hard at work to the end that this shall be one of the most successful meetings ever held by this society.

The Program Committee is making every endeavor to prepare what will be pleasant and profitable for everyone who attends.

The Bureau of Materia Medica will be made prominent, and will prove of unusual interest.

Headquarters will be at the beautiful new Hotel Lafayette, and the management is making every preparation possible for the comfort and convenience of all in attendance.

The visiting ladies will be looked after by a group of Buffalo women under the guidance of Mrs. Joseph Tottenham Cook.

The banquet on the evening of October 8th will present new

and very original features, sure to interest and amuse those fortunate enough to be present.

All homœopathic physicians, whether members of the society or not, are cordially invited to attend this meeting.

Additional details will be published next month.

WILLIS B. GIFFORD, *President.*

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## THERE IS NOTHING NEW UNDER THE SUN.

The medical world has heard much recently of "anaphylaxis," "allergy" and "hypersusceptibility," but it seems that the condition these words stand for is not new, as witness the following editorial from the *Journal A. M. A.*:

### JENNER'S DISCOVERY OF ALLERGY IN SMALL-POX AND COW-POX.

The discovery by Koch that in the tuberculous guinea-pig a second injection under the skin of bacilli, in place of causing a progressive infection, leads to necrosis and sloughing at the point of inoculation, and his further observation that only the tuberculous organism reacts in a typical way to the soluble tubercle substance, are currently regarded as the first demonstration of a specific hypersusceptibility or, better, allergy in infectious diseases.

It now appears, however, that Jenner, in the course of his inoculations of cow pox and small-pox, very clearly recognized that the animal organism, once thoroughly influenced by the virus of these diseases by passing through an attack of either one, may respond to the cutaneous application of the virus, if made even years afterwards, by an evanescent, early local reaction, a "sudden cuticular inflammation." Reflecting on the significance and cause of this interesting phenomenon, he remarks that "it becomes almost a criterion by which we can determine whether the infection will be received or not," and that it seems as if a change in the vessels of the skin may be produced by either small-pox or cow-pox whereby a "disposition to sudden cuticular inflammation" on the application of variolous matter is established. Jenner consequently virtually recognized in this early reaction the evidence of a previous infection and his interpretation of the nature of the reaction approaches in a general way very closely that in vogue at the present time.

This remarkable observation and the comments thereon testify convincingly to the masterly thoroughness and keenness exercised by Jenner in his great work. It is a striking commentary on the prevalent utter neglect of the real classics of the literature of scientific medicine that Jenner's observation should have passed seemingly wholly unnoticed for more than

a hundred years and until several years after the early reaction was re-discovered and studied from all sides by von Pirquet, who used it as one of the foundation-stones in building up the doctrine of clinical allergy. We should study the writings of the founders of medical science because, as illustrated in this instance, hidden away in their pages may be records of observations and reflections that through the lapse of time and the growth of science may have acquired a specially suggestive and stimulating significance.

The foregoing is the editorial in full. It is an interesting bit of medical history, but it does not answer the question as to whether the state of "allergy" is a desirable one to be artistically produced.

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### **"INFECTION AND RECOVERY FROM INFECTION."**

Such is the title of a Hamiltonian lecture delivered by Dr. Simon Flexner before the Smithsonian Institution and reprinted by that body in pamphlet form. The general impression left after reading the lecture is that of a gentleman talking on a subject of which he, or any one else, knows little, to a body of men that knows less about it. He opens by expressing his pleasure that medicine is at last admitted among the exact sciences, but really fails to show why it should have been. That this is true is shown by his conclusion which reads: "We are, as it were, still living within the era of its first achievements, and thus we may reasonably hope that this is merely the dawn of its beneficent triumphs." These triumphs are given elsewhere, being the reduction of "the mortality from diphtheria and epidemic meningitis to one-fourth of the spontaneous recovery rates," and lessening the dangers from tetanus and hydrophobia "almost to zero," and "the liability to typhoid fever to a vanishing figure." These are the incidental proofs advanced by Dr. Flexner before the world famous Smithsonian Institution to demonstrate his claim that medicine is entitled to rank among the exact sciences. How near he has come to establishing his point the reader can determine for himself. The reports from Texas a few weeks ago concerning the death rate there from meningitis, to say nothing of the well authenticated reports of the mortality from the other diseases enumerated in various journals seem, however, to demonstrate that a large degree of what was anciently known as the "sanguine temperament" enters into Dr. Flexner's mental make-up. Indeed, pages

could be filled from authentic records, mostly official, showing that the diseases he mentions are by no means conquered; quite the reverse, in fact.

In the instructive portion of his lecture Dr. Flexner told his hearers that disease producing parasites are divided into two great classes, vegetable and animal, but some of them are so small, like those of meningitis, as to be submicroscopic, *i. e.*, invisible. Just here the lecturer departs from science (*to know*) and lugs in a hypothesis as science. His argument really runs: All disease is the result of parasites, therefore, as we cannot see the parasites of meningitis they must be submicroscopic. Such reasoning is not science but guessing.

But even the science of Dr. Flexner has immense gaps of exceptions, for the parasites may swarm on, and in a human being, yet he may not contract the disease of which he says they are the cause. Certain persons are not subject to the disease, that is they are not susceptible. In any other science men would seek to ascertain the cause of this phenomena and regard the parasites as a secondary matter seeing that they are inoperative without the presence of susceptibility.

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### **“OVERSHADOWED BY THE COMMERCIAL ELEMENTS.”**

The following “letter to the editor” of the *Lancet*, June 29th, is worth reading. Here it is:

*Sir:*—Of the making of new preparations of arsenic there appears to be no end. Atoxyl was followed by arsacetin, with variations in the form of soamin and orsudan. Then came arseno-phenylglycin and salvarsan. Each of these was said to be better than its predecessor, and when salvarsan appeared the millennium was in sight!! But, although salvarsan has hardly been in use for two years, it has already been superseded by “neo-salvarsan” or “914.” No doubt this will be followed by other modifications or substitutes. Now, if there were any evidence that arsenic cured syphilis—for the basis of all these preparations is arsenic—there would be some reason for their continued manufacture, but there is no such evidence. Arsenic is nothing more than an auxiliary drug in the treatment of syphilis, and a danger-

ous one, too. The organic preparations of arsenic are especially dangerous, owing to their unstable composition and liability to toxic effects. Unfortunately, the scientific value of chemotherapy has been overshadowed by the commercial element.

I am, Sir, yours faithfully,

C. F. MARSHALL.

June 22, 1912.

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### ACUTE POLIOMYELITIS.

In the commonest form of the disease, the paralysis appears on the first or second day after onset. At this time the child may be found lying on its back, with thighs slightly flexed and everted in a frog-like manner, and the head usually rotated to one side. The eyes are partly or wholly closed and there is a peculiar tired, wilted expression. Not infrequently, the chin is pointed upward a little, indicating a small degree of retraction of the head. From this drowsy or almost sleepy condition, the child can be roused suddenly, often by the gentlest touch or manipulation of an extremity. Very frequently when the leg is lifted only a few inches from the bed an expression of annoyance, rather than distress, crosses the face, and if the leg be the paralyzed one, the child often tries to free it from the examiner's hands by twisting the trunk and shoulders. This procedure is a surprisingly common one and is usually accompanied by a pettish, fretful, rather bored look and whine. But when the examiner stands back from the bed, the patient lapses almost at once into the drowsy state. In antithesis to these cases are those of a more asthenic nature with evidently greater meningeal irritation. These children are almost always found lying on the side with heads drawn well back and the knees and thighs flexed, a classical meningitis posture. Occasionally a true opisthotonos appears. One such case could not be made to lie on his back, evidently because the flat line of the mattress prevented the slight degree of opisthotonos which made him comfortable; but when a pillow was doubled up under the lower dorsal and lumbar region so that an opisthotonos was induced by gravity acting on hips and shoulders, the child went promptly to sleep in the dorsal position. Such cases are also apt to have the drowsy, wilted



look. Much more rarely, the child is wide-eyed and has an anxious, apprehensive, rather frightened expression. Many times these patients do not wait to be touched before objecting, but cry out even when the nurse or doctor approaches the bed; and it is surprising how keenly the little patients seem to determine whether or not an approaching person is coming to perform some service which necessitates manipulation. In these cases one is amazed at the ingenuity with which the child, using what muscles he has, braces and turns and twists to escape painful positions. Indeed, in two most pathetic cases where both legs, both arms, back, anterior and posterior neck muscles were paralyzed, the hopeless attempt at defense was limited to wagging the head from side to side and feebly whining. In sharp contradistinction to these types are the few individuals who with limited or extensive paralysis do not seem to be at all sick.—*Dr. George Draper, N. Y., in N. Y. State Journal of Medicine, June.*

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### USE SIMPLE WORDS—DO NOT SHOW OFF.

It is with rejoicing that one notes the tendency toward simpler language and phraseology in recent scientific literature. It is to be regretted that some of the texts and treatises on medical and surgical subjects show a less noticeable degree of improvement than do scientific periodicals and research publications. Probably there was a time when the use of cumbersome and sonorous phrases lent a sort of dignity to medical literature, particularly in the estimation of the general public. Recently, however, many writers are acting on the theory that no need exists for borrowing dignity from so doubtful a source, and that the simpler the language, the more accurately and readily it will convey the intended meaning. Some medical authors find occasions when "cause" expresses their meaning as well as "etiological factor," and when it is as easy to have the patient "lie down" as to make him "assume a recumbent posture." We welcome the time when any work which defines a fracture as "a traumatic or pathological solution of the continuity of osseous structure," or abounds in verbiage equally atrocious, will be preserved and read only as a curiosity.—*Journal of the American Medical Association.*

**HYOSCYAMUS AND INSANITY.****By Dr. R. Haehl, Stuttgart.**Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblaetter*.

1. The following case is taken from *Hirschel's Zeitschrift*, Vol. 4, page 117:

A healthy, somewhat slender, fair-haired journeyman, is in love head over heels with a young woman, who does not return his love, though she some time before had been in love with him without getting any return. The young man became quiet, dreamy and indolent in his work, groaned at times as if overtaken by severe misfortune, until at last he became quite silent and taciturn, would neither eat nor drink, and lay on his couch, indifferent and with woebegone features, only at times heaving a deep sigh. Nothing made any impression on him; he would scarcely answer yes or no, and looks drowsy all the time. *Hyoscyamus* 2, two drops every two or three hours, brought alleviation in thirty-six hours, and in a few days effected a cure.

2. Dr. J. C. Schoenfeld at the meeting of the Homœopathic Physicians at Dortmund, reported the following case (see *Allgem. Hom. Zeit.*, Vol. 57, page 102):

A woman who was living under unfavorable circumstances became melancholic. One evening when they thought she was asleep she jumped from her bed and began to rave, to beat and to curse, etc. She was seized and tied, and an allopathic physician was called in. He declared her case incurable. A second physician gave her a dose of *Opium*, and as no sleep followed, he also thought he had to declare her incurable. She was brought to the poorhouse, and I was called in and found her lying in bed tied. She was cursing, spitting, singing, biting, praying, weeping, and stamping, spoke in words of a foreign tongue in an incessant mix-up. I gave her *Stramonium* 3 in water. Her raving then diminished in intensity, and on the fourth day she questioned me in quite a rational manner. After that she became sexually excited and jealous. I then passed over to *Hyoscyamus*. Six days after this they could allow her to go around unattended without causing any trouble. Only during the nights she was still very restless. When going to sleep she would frequently jump up with violent cursing and threatening with her fists, as if she

was going to beat again. For this I gave her *Veratrum* 3, one drop morning and evening for a whole week with good results. After this she attended to her work in quite a rational manner and I could dismiss her as cured.

## CRATÆGUS IN DIABETES INSIPIDUS.

**A. W. Jernigan, M. D., Evening Shade, Arkansas.**

I give herewith to the readers of *The Therapeutists* the results of my experience with the use of *Cratægus oxyacantha* in the treatment of diabetes insipidus in children. This treatment is referred to in a paper of mine on *Cratægus* which was published in the March number of *The Therapeutist*.

About a year after I took up the study of this drug, I was called upon to treat a child, two years of age, who was suffering from one of the most severe cases of this disorder that I have ever seen. The child was passing a very large quantity of urine, the evacuations often at times occurred every fifteen minutes, during the day and every thirty minutes during the night. The little patient was greatly emaciated, and showed in every feature the ravages of the disease. It was so nervous and irritable that it was with difficulty that I was enabled to make an examination, and this was a very superficial one. The pulse was rapid and very feeble, and the extremities were cold. There was constant thirst and the patient slept but little.

The child had been treated by several physicians, in another locality, with little or no benefit, and for two or three weeks I tried the remedies which are usually advised with no better results. In my study of the pathology of the disease and in my anxious effort to find a remedy which would meet the requirements of this particular case, I thought of *Cratægus*. Previous to this time *Belladonna* and *Passiflora* had been given without results, but I combined it with *Cratægus* as follows:

℞. Sp. *Cratægus* .....dr. 1  
 Sp. *Passiflora* .....drs. 2  
 Sp. *Belladonna* .....drops 6  
 Aqua. q. s. ....ozs. 4

Mix. Sig.: Give one teaspoonful every two hours.

At the expiration of twenty-four hours the child seemed less irritable, and on the third day the evacuations were certainly less

frequent and there was a marked improvement in the general condition of the patient. I then discontinued *Belladonna* and gave *Cratægus* and *Passiflora* at longer intervals. I gave five drops of *Cratægus*, every three hours, and continued this for two weeks, giving the *Passiflora* as needed. At the end of this time the amount of urine evacuated seemed normal in quantity. The *Passiflora* was then omitted from the treatment, and *Cratægus* was continued alone for more than a month. The child increased in weight and was soon fully restored to health. Of course, I gave careful attention to diet, clothing, bath, etc.

Since I treated the above case, I have had a number of cases of diabetes insipidus but presenting some variations from the above. These variations suggested variations in the auxiliary treatment, but *Cratægus* was a remedy upon which I depended in all of them. The observation I made was that this remedy exercised its best influence when the fault seemed to be in the circulation and innervation. This improvement in the circulation and the tendency to congestion which was apparent by the dilated pupils and cold extremities and the enfeebled condition of the nervous system, I believe to be the underlying causes of this condition, rather than the results of the disease, and these conditions have been permanently relieved by *Cratægus* as set forth in this paper. Theoretically it seemed to me this drug should correct this condition and its practical use was demonstrated in every case in which I used it.

COMMENT.—I consider the above a very important observation. Both diabetes insipidus and diabetes mellitus in children have been most baffling conditions. Our resources in their treatment have been very limited. If we can find a place for *Cratægus* in the treatment of either of these conditions it will be, indeed, a most important addition to our resources. I shall lose no opportunity to make thorough application of the remedy as suggested. I sincerely trust that others will do the same thing, and will report directly to me.—*Ellingwood's Therapeutist*.

It is impossible for us to write a worthy review of this volume, and we can only say, with truth, that if any one is interested in the deeper study of the subject he should by all means study what some thinkers believe to be the world's most comprehensive scientist has to say on it.

The mechanical work of the book is admirable, and we may add, the paper is of an exceedingly fine quality, the kind on which all *permanent* books should be printed.

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## PODOPHYLLUM PELTATUM IN DIARRHOEA.

By Dr. R. Haehl, Stuttgart.

At the end of July, 1902, Mrs. St., from L., brought her little son, then about ten years old, to my office. He had been suffering for nine months from diarrhœa, and this showed itself regularly every morning. There was first of all an urging, then nausea with a sensation of weakness in the gastric region. The attacks would be repeated at short intervals several times, and usually ceased about ten in the forenoon, returning again next morning. Two physicians who had treated the patient before me were unable to relieve him in spite of their careful dieting and their medicines. *Podophyllum peltatum* 6, four drops in a teaspoonful of water, thrice a day, made an end of the diarrhœa in a week, and this without any particular change in the mode of living.

This striking case was brought back to my memory when the same patient visited me again a short time back, being then seventeen years of age, to consult me about a disease of the middle ear. He had not had any relapse all this time of his intestinal trouble.

This case is just now the more interesting, as morning diarrhœas with the peculiar *Podophyllum* symptoms are at present very frequent. Dr. Dewey describes these cases in the following words: "A painless morning diarrhœa with watery, yellowish discharges, profuse and gushing out, like water from a hydrant, with preceding retching and vomiting, followed by a great weakness in the abdomen, especially in the rectum. The stools are worse after eating and drinking, and there is often later in the day a normal stool." Another characteristic symptom of the remedy is, further, a morning diarrhœa, the first half of which consists of firmly formed hard fæces, followed by thinly fluid stools and flatus.

Although *Podophyllum* influences also other organs or parts of the body, *e. g.*, the nervous system, the eyes, the female sexual



organs, etc., the provings do not allow us to doubt that its chief domain is the mucous membrane of the intestines. Dr. Anstie, who has given this remedy many trials on animals, has established the fact that it causes a congestion of blood in the mucous membrane of the small intestines, so that this is frequently covered in its whole length with a bloody mucus.

The most striking effect is found in the duodenum, the inner surface of which frequently showed destruction of the tissues and ulceration. Where it enters the large intestine, these irritations caused by *Podophyllum* usually ceased and only in a few cases could there be found some scattered spots in the larger intestine with the morbid action of *Podophyllum*.

On the other hand, the action of *Podophyllum* was all the more manifest in the rectum. In children suffering from dysenteric bloody diarrhœa, with violent urging and severe relaxation of the rectum, so that this protrudes during stools, it will be found of great service. So also it is a reliable remedy in internal and external piles. This symptom may be connected with the congestion of the liver and stagnation of the circulation in the portal vein, which has been observed by numerous provers. Whether *Podophyllum* is able to act on the liver directly is not, as yet, decided. Dr. Anstie, grounded on a number of his experiments, came to the conclusion that the disturbances caused by *Podophyllum* in the liver and in the flow of the bile, are only indirect effects caused by the transition of the morbid changes of the duodenum, which are transferred also to the gall-bladder, or that the flow of the bile from it is interfered with.

It is also of importance to note that aged persons are very sensitive to the action of *Podophyllum* and they should, therefore, take it in the higher potencies. The late Professor Mohr, of Philadelphia, emphasized this fact, and showed from a number of cases from his practice how easy it is to provoke medicinal aggravation with older persons by the use of *Podophyllum* in the tincture or in the lower potencies. It is also noteworthy that the effect of *Podophyllum* is much increased by ordinary cooking salt. Also as a medicine in homœopathic attenuation, *Natrum muriaticum* is closely related to *Podophyllum* and in any case in which the latter, in spite of indication, should fail to act a few doses of *Natrum mur.* will suffice to produce the action.—*Hom. Monatsblätter.*

## THE RUNNING MATE OF HOMŒOPATHY.

The following is clipped from an exchange:

"According to Binder we can classify the anomalies of the ear into twenty-two varieties. The most important malformations of the ear that may be regarded as belonging to the stigmata of degeneration are: the deep position of the crus arterias, marked prominence of the antihelix, excessive broadening of the ear, stunted development or absence of the helix, trifurcation of the antihelix, widening of the fossa scaphoidea, absence of the crus superias, complete absence of lobule, asymmetry of the two ears, excessive enlargement or diminution of the concha, excessive conchoidal structure of the ear. Binder states that twice as many adherent lobules are found in degenerates as in normal people."

This (that which is abstracted) is considered to be scientific and no doubt it is. But, then, the question arises: What of it? Suppose you have a patient with one or more marks of this evidence of degeneration—what are you going to do about it? This is a weighty question with one who takes the profession of medicine seriously. In the first place it proves that the oft made assertion that there is no such thing as "heredity" is contrary to the facts. The children or grown persons in whom these abnormalities of the ear were observed did not acquire them by bad habits, so it follows that they must have inherited them. Surgery may palliate to a certain extent but it cannot change the inherited constitution that developed in this manner. The old statement that to make a healthy race you must begin with the great grandparents not only tends to prove the influence of heredity in disease, but also to establish the rock-bottom observations on which Hahemann's *Chronic Diseases* is founded. The origin of the above quoted defects in the ear, to say nothing of the many other defects in other organs of the body with which human beings are born, are evidently of the sufferer's heredity. Now the question arises: What can the practitioner do for the ills of the forebears, developed in the third or fourth generation? Certainly what is known as scientific medicine can do nothing (save what is palliative), for to be able to do anything would knock its whole foundation from under it. What then? Why that is the

deep-seated and vital problem that Hahnemann attacks in his much misunderstood, but crowning, work, the *Chronic Diseases*.

Because the old medical scientist wrote of "suppressed itch" some men have guffawed heartily. "He didn't know, as *we* know, that the itch is caused by the itch-mite! Har! Har!! Har!" But any man who has read that great work would not indulge in this unseemly and very unscientific laugh, for, if he comprehended its scope, in its didactory part, he would see this: That chronic disease, or abnormalities, come from within; that its external manifestation are, as it were, safety valves; that to "cure" these vents from without, that is to say, to suppress their activity, is to invite disaster. The only thing that can be done towards *curing* such abnormalities is to work on the lines laid down by Hahnemann. Surgery may alleviate many of them but it cannot touch the smallest fibre of the cause. Surgery is very often necessary for the patient's well being, or even to save life, but, after its best, the cause of the disease remains untouched. The fact that Hahnemann's book is rejected by those in authority proves nothing, for that class has always been prone to reject great things and accept the ephemeral instead. In really great discoveries it has ever reluctantly followed but never lead, as every one who is up in medical history knows. It is a great and useful conservative body but not worth much for anything else; that it accepts, be it true or false, it protects and damns everything else—until forced to accept.

The real running mate of Homœopathy is surgery. These two in skillful hands would conquer the medical world so far as truth can conquer, which does not seem to be very much sometimes.

It is to be feared that the prevailing medical fashion of injecting into the blood all sorts of drugs, serums, dead germs, live germs, viruses, vaccines, etc., is laying the foundation for an enormous amount of work for future homœopaths and surgeons. As Moses says, "the blood is the life," and you cannot contaminate the life with impunity—to the patient—even though you fondly have visions that you are doing the immunity act to him, or the curative. The blood is the life, and the wisest user of dead germs does not know what life is.

## PRACTICAL POINTERS.

Dr. J. T. C. Nash, Norwich, England (*Lancet*, May 4), apropos of boiled or heated milk, says that after it has been boiled it needs to be more carefully protected than unboiled milk, for putrefaction, or the development of dangerous properties, more readily occurs. Cleanliness and coolness are probably the best preservatives.

*Anacardium* rivals *Nux vomica* as a remedy for dyspepsia. Its best known characteristic is the fact that the distress occurs sometime after eating, or eating temporarily relieves. This is very old but it is worth while to brush up old things once in a while.

Dr. Horace P. Holmes, of Sheridan, Wyo., writes of Guenther's Goitre Remedy: "I have used this powder ever since I have been in practice and have done some splendid work with it and have got good prices for several cases." This remedy was introduced to the world—our part of it at least—in the translation of Lutze's *Manual*. It can hardly be called homœopathic, at least it is not proved, but in many cases, as Dr. Holmes testifies, it does great work.

"S., aged three, fell from a chair, striking on the chin, which produced a concussion of the brain, resulting in inflammation; she was under the care of a homœopathic physician, who succeeded in saving the child's life. She did not, however, fully recover, but after a few weeks began to lose her appetite, complained of constant pain in the head, which was aggravated by walking or riding in her carriage; was pale and languid, indisposed to move, and when she did walk dragged her feet, more particularly the right foot. *Zinc* 3, three times a day, cured in a few weeks."—*Craig*.

"Child, aged four, having just got over an unusually severe attack of abdominal typhus, attended by loss of consciousness, lasting seven days; was dwindling down to a complete skeleton. He then commenced to repeat questions which were addressed to him, in a singing tone of voice, until a second question was asked, which was again repeated in the same manner, and so on. *Zinc* 10 was given for great muscular debility, and the trembling of the head and hands. Complete recovery."—*Goullon*.

### GONORRHŒA AND LIQUOR.

"Many, many years ago, a member of the tonsorial guild told me, while trimming my hair, that in his opinion the doctors, as a class, did not know very much—of course, there were exceptions, he hastened to add. He had a gleet, oh, for ever so long. He went from dispensary to dispensary, from doctor to doctor. All gave him some different kind of injection, and all told him to keep away from liquor; but he wasn't getting better. He finally got disgusted, got drunk one evening, kept on drinking beer—and very soon he was well. What's more, since then he gave the advice to drink beer to a number of men, and most of them got better. Oh, yes, some got worse.

"I smiled, then, at the ignorance of my barber, but in later years I came to think of his story. I had a patient, a Frenchman, who from his earliest youth was in the habit of taking a glass of claret with his principal meal or meals. I forbade him the claret. He was unable to eat. Eating without zest, he got dyspepsia, and his bowels became very constipated, which made his gonorrhœa worse. He went on like that for about two weeks, but then he said he could stand it no longer. I permitted him then to have his claret. Not only his general condition but his gonorrhœa also improved."—*Dr. W. J. Robinson, in American Journal of Clinical Medicine.*

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### BOOK REVIEWS.

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THE ANIMAL KINGDOM Considered Anatomically, Physically and Philosophically. By Emanuel Swedenborg. Part on the Organs of Generation, and the Formation of the Fœtus in the Womb, after which follow chapters on the Breasts and the Periosteum. Translated from the Latin by Alfred Acton. 398 pages. 8vo. With 10 anatomical plates. Cloth. \$3.00, *net*. Postage, 20 cents. Philadelphia: Boericke & Tafel. 1912.

This book was first translated by Dr. J. J. Garth Wilkinson, and published in 1852, but that edition has been out of print for



many years. The fact that a new translation has been undertaken proves the increasing interest in Swedenborg's scientific works. In this edition all doubtful passages have been compared with the original (Latin) manuscript of the book which is in the keeping of the Royal Library at Stockholm. This work, though complete in itself, is a part of a series known as *The Animal Kingdom* divided into 17 parts, each an independent study dealing with the human body, anatomically, physically, philosophically, and, it might be added, psychologically. These works treat in general with the Abdomen, Thorax, Heart and Blood, Generation, the Brain, the Fibre, Motion, Rational Psychology, and the Soul. There is no doubt but that they are the profoundest books on these subjects ever written, and, as intimated before, are coming to be so regarded by the world's greatest scientists. The volume under consideration is divided, aside from "prefaces," etc., into four general parts: I. The Male Organs; II. The Female Organs and the Form of the Fœtus in the Womb; III. The Breasts, and IV. The Periosteum. Bound in with the book at the end are 10 fine anatomical plates, though these are not a part of the original text but were added by the publishers of this edition.

AN ESSAY ON HASHEESH, Including Observations and Experiments. By Victor Robinson. 83 pages. Cloth, 50 cents. Medical Review of Reviews, 206 Broadway, New York. 1912.

This little book is a historical sketch of the drug, *Cannabis Indica*, and, also, what homœopaths would call a "proving." Although the drug will ultimately kill those who habitually use it, an overdose has never been known to do so; also no known drug produces such a diversity of effects. "*Cannabis* is certainly the coquette of drugdom." The experience of several men, including that of Robinson himself, is given, and it is very interesting, being like a visit to the tropics of dreamland. Its reading will repay any one who is interested in the study of the drug, or those who like the curious things of life—or whatever it is that possesses those under the strange influence of *Cannabis Indica*.

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## EDITORIAL BREVITIES.

COAL SMOKE.—While in Pittsburgh, sitting on the coping in front of the big hall where the A. I. H. was discussing things medical, we had a confab with that veteran physician, Dr. A. P. Bowie, of Uniontown, Pa., and several others. This talk brought out a point that is hereby respectfully referred to the medical scientists. The talk turned on coal smoke. One man expressed the opinion that it is not as black (morally) as it is represented by some health boards. Then Dr. Bowie spoke up and said that while he could not speak with scientific certainty on the point, it surely looked as if coal smoke were a veritable germ killer. In proof of this he advanced the fact that according to his observation there was practically no tuberculosis in towns where the coke-ovens made a dense smoke, and that diphtheria was notably absent. Perhaps the coke-oven town of western Pennsylvania may become health resorts for the consumptives.

THE KAPSA CASE.—According to the *Philadelphia Inquirer* (August 25) Senator Works has announced his intention of taking up the case of Gunner Kapsa, late of the Battleship Delaware. In brief, the facts are as follows: A general vaccination order was issued on December 1. Kapsa refused to submit, both on religious grounds and because he was in a state of normal health. His record shows he had never been ill and had served in the navy for ten years with high honor, and had been promoted for merit. He was court martialled, degraded, his wages stopped, and sentenced to one year's penal servitude, after which he will be dishonorably discharged from the service. Well?

WISDOM.—An editor wrote anent the Titanic disaster that “not a single life on the Titanic was saved by the tennis court.” This was extensively quoted because it is irrefutably true. It might also be truly said that not a single life was saved by the piano, the carpets, the fine paintings, or anything else that went to make life on ship-board pleasant. If a grave man announces a fact known to every one, as, for instance, “the sun will rise to-morrow morning,” nearly all men will be unconsciously impressed. There are some queer quirks in all of us.

A COMMENT FROM THE ECLECTICS.—In commenting on the recent meeting of the A. I. H. at Pittsburgh, Scudder, of the *Eclectic Medical Journal*, says: “We notice in reports of the A. I. H. that they had a conference with the A. M. A. to try to patch up the demoralized Owen bill, but we fear a *post mortem* is impending. It is strange to see the A. I. H. flirting with the A. M. A., and several of the old war horses of Homœopathy were badly chagrined.” Possibly, but they did not say much. The “tendency of the times,” among medical leaders, is to “break down the barriers,” “get together,” “be one brotherhood,” and so on. It sounds well but “there is nothing in it.” Ask yourself, for instance, what are the “barriers?” One man firmly believes that the only practical thing in medicine is in physical culture, right diet and the like; “throw physic to the dogs.” Another thinks that disease can only be conquered by correcting misplaced bones and muscles. Another thinks it lies in correcting the mind. Some (very advanced) see in a man’s own diseased tissue the panacea for his ills. And so they might be enumerated into a big list. To break down their barriers would be smashing their convictions. For some reason or another the world has been broken up into “sects” since the days of the Tower of Babel, and, while respecting the amiability of those who seek a universal brotherhood, we incline to the belief that these diverging views in medicine, and everything else, will continue, and further, that perhaps it is best so.

One thing is sure, namely, that the medical millennium will not come through legal enactment, for in the great round-up the public who pay the freight have much to say in the matter; and when it speaks it is very rude. Better paddle individual “sec-tarian” canoes rather than all board a *Titanic*.

GIVEN AN INCH AND TAKING EVERYTHING.—“State licensing boards,” says the *Journal A. M. A.*, “are apparently becoming more active in their inspection of and in their refusal to recognize inferior medical schools.” Does the law creating these boards give them the power to pass on medical colleges? The prevalent idea was that their sole duty was to pass upon the qualifications of graduates of medicine. All medical colleges, like the examining boards, are creatures of the State, so it appears to be illegal, to a legal layman, for one creature of the State to assume to sit in judgment on its peers, as the medical boards are doing to the colleges. If they can in a manner take away the charter of a college, why not the license of an old practitioner who does not meet with their approval? These gentlemen seem to be possessed by the idea that their’s is a blanket charter to rule everything in medicine, with no appeal from their dictation.

A 20TH CENTURY OLIGARCHY.—“The American Medical Association is perhaps the best illustration of the effect of the organization furore. It has become to all intents and purposes a huge oligarchy. Its policies are directed by a few, who, ostensibly acting as agents of its members, in reality take the initiative in every movement, assisted thereto by the constitution of the society itself. The spirit of democracy is as foreign to it as it is in the realm of the Czar of all the Russias.”—*Lancet-Clinic*.

This oligarchy, which has grown up in a very short time, will probably squash down of its own weight in the near future, for it orders doctors and the people about at will. An able and experienced health officer in Iowa was recently ignominiously “fired” by it for daring to put his opinion against the oligarchy. It will not tolerate the “free thinker” in medicine; he is a heretic and must be treated with severity in order to protect—the oligarchy. It is the old story, as old as history, of men mistaking delegated power for something that is theirs by divine right.

THE NOSE CASE.—Dr. J. B. S. King (*Med. Advance*, June) has personally investigated the case reported by Dr. J. R. Haynes in the *Hahnemannian Advocate* for December, 1897. The case was reported as being a cancer of the nose, so far advanced when it came under Dr. Haynes’ care that the bones, cartilage, muscles

and skin had sloughed off; the odor from the cancer and the general condition of the patient was horrible. Under *Baryta jod.* in various potencies from the 6th up Dr. Haynes reported that he not only cured the cancer but caused new bones, cartilage, muscles and skin to grow. Now, in brief, from King's investigation (he saw the patient) it seems that Haynes really did cure a bad case of cancer with *Baryta jod.*, but he did not cause new bones, etc., to grow, for these were not destroyed. That which was destroyed is still lacking. Homœopathy can save that which is created but it can create nothing.

THE OWEN BILL.—“If a National Bureau or Department of Health will or can do more than create a few more lucrative public offices, the evidence is not at hand.”—*New York World*.

“Agree with us, vote our ticket, join in our worship, take our medicine—or else get off the earth!”—*Canton (Ill.) Daily Register*.

“Are you willing to supply grounds for the charge that the effort to establish a federal department of public health is fundamentally an effort to make a monopoly of your profession wherein no sort of responsibilities, save those of your personal word and dignity shall rest upon you.”—*Toledo Blade*.

ANOTHER ADVANCE.—Our esteemed experimental friends have made another advance in the science of medicine. Not long ago, and even yet, the prevailing custom was to vaccinate with the dead typhoid germs for prevention and cure. Now the Paris Letter of *J. A. M. A.*, tells of a treatment by which they are used *via* rectal injections. The effects are as “brilliant” as was the former method of using them, and, doubtless, will remain so until some other method is discovered. It is strange to contemplate that vast medical scrap-pile of “brilliant” things!

THE VALUE OF ANTITETANUS SERUM.—The Société de chirurgie has spent several meetings in discussing the value of anti-tetanus serotherapy. Dr. Riche reported the case of a little girl of 8, whose left hand was punctured by a pitchfork. The wound was small, uncomplicated, not inflamed or suppurating and painful only on pressure. A dressing of hydrogen peroxide was ap-



plied; then a subcutaneous abdominal injection of 10 c.c. of anti-tetanic serum was made. On the same evening the condition of the little girl became extremely critical. She was attacked with headache, diarrhœa, vomiting, and was in a state of increasing torpor; the body was covered with profuse, cold perspiration, and the child was insensible to moderate stimulation. The abdomen was soft, neither sunken nor distended; the respiration was of the Cheyne-Stokes type; the pulse was soft and so rapid that it could not be counted. In spite of injections of caffein, of hot wrappings and of an injection of salt water the little girl died. Anaphylaxis was out of the question, for there had been no previous injection of any serum. The inevitable conclusion, then, is that death was caused by intoxication through antitetanic serum.—*Paris Letter, J. A. M. A.*, June 15.

To the ordinary mind the question arises: Why not wait until there is some evidence of tetanus before resorting to methods that every experienced man knows would seriously affect even a person who was physically sound? Besides, not every puncture of the skin involves tetanus, probably not one in ten thousand, or, more likely, in a hundred thousand. It is possible for preventive treatment to be worse than the disease.

“THE EXHIBITORS” AND THE RESIGNED.—That shrewd observer, Robinson, editor of the *Critic and Guide*, has this, among other things, to say of the Atlantic City meeting of the A. M. A.:

“The commercial exhibit seems to be getting smaller every year, which is a great pity, as it is one of the most interesting parts of the meeting of the A. M. A., and has always been a great drawing card to physicians. I am quite sure that if the commercial exhibit should be given up altogether the attendance at the meetings would fall off considerably.”

Also this: “During the past year 299 members of the A. M. A. died, 500 have been dropped as non-eligible, 987 have been dropped for non-payment of dues, and 1,301 *have resigned*. The dead, the ‘non-eligible’ and the poor could not help themselves, but why such a large number of resignations? Is it possible that the A. M. A. is not giving its members their money’s worth? Or are the continuous attacks and squabbles and the conviction among the rank and file, that the Association is run by a clique, beginning to have their effect? *Quien sabe?*”

Perhaps the Giant is not as big and strong as he is supposed to be!

OPEN TO DEBATE.—The *J. A. M. A.*, quoting the comments of the daily press on the recent meeting of the A. M. A., at Atlantic City, gives the following from the *Public Ledger*, of Philadelphia: "The Association is a court of final appeal. . . . This is indeed a grave responsibility and invests the profession with a dignity that in certain instances amounts almost to sanctity," . . . and much more to a like effect. That the Association is, in a manner, "a court of final appeal" to legislators who are called upon reluctantly to vote on acts dealing with medicine, is probably, to a certain extent, true, but that it embodies all medical wisdom is most assuredly not true. Its science of this year, to judge from the past, will be knocked into a billy cocked hat before five years have passed. What a doctor knows ought to be true—to be science—but what prevailed five years ago is *not* true to-day—"opinions have changed!" Is that Science? But it may be replied, "We have now arrived at the truth." Have you? You said that five, ten—a hundred—years ago, and still use the same old moss covered statement—"Now we have solved the problem!"—but you haven't. You call each shift of position an "advance," but in your "advances" you are picking up ancient theories, discarded a hundred years ago, and putting them up as something "new." So far as you are a "court of final appeal" it is because the civil power, and not science, has made you so. One can take your latest books and journals and from them extract matter that riddles your science of to-day. The well read among you know this to be true. Where is the "sanctity" in this? Well, you know, it is not there, even though the *Ledger* says so.

Another journal, the *Atlantic City Press*, is quoted as saying that the Association has many enemies, but it "continues to grow and prosper just the same." Then why did over 1,300 members *resign*—far more than were added to the roll—at the last meeting? But what's the use! This body under its present policy will have its day like every thing else, and then be heard no more—or become what it ought to be, an exponent of medical science and not of authority endorsed fads—mostly "made in Germany."

RESPECTFULLY REFERRED TO THE AMALGAMATIONISTS.—“Although written half a century ago Emerson’s essay, ‘Homœopathy and Its Kindred Delusions’ is still interesting to the student of mental healing.”—*Dr. E. J. Brown, in J. A. M. A., June 29.* Therein you will note, Oh, charitable and broad-minded one, that you are welcomed as one awakening from a “delusion,” when you seek affiliation with those inhabiting the medical Olympus.

A HEROIC PROVING OF BARYTA CARB.—“A most unusual case of poisoning occurred recently in Prague, and the incidents are so remarkable that the attention of the profession should be drawn to the accident. A woman suffering from vague symptoms of stomach disease for a long time consented on the advice of her physician, to have her bowels examined by X-rays. Therefore she swallowed, in the presence of the physicians, a few hours before the examination should take place, about 50 gm. of a suspension of what was thought to be barium sulphate, procured, after the prescription of the physician, from a well known apothecary shop.

“Another young woman who accompanied the patient, also wanted to have her stomach and bowels examined by X-rays, merely ‘for the sake of fun,’ as she said, to encourage her friend. She, too, swallowed an equal amount of the suspension. In a few minutes the first patient collapsed, under severe symptoms of acute poisoning; violent cramps, then loss of consciousness, paralysis of the respiratory muscles, and she died in the office. The other patient suffered a little less and could be brought to a hospital still living. The investigation was of a most searching kind, and it was found that the unlucky patients had been given barium carbonate, instead of sulphate.”—*Vienna Letter, J. A. M. A., June 29.*

A MIGHTY COMBAT.—The scientific duel between Dr. W. W. Keen and the Rev. Dr. Lloyd W. Tomkins, on vivisection, carried on in the *Boston Medical and Surgical Journal* by Dr. Keen, and in the *Ladies Home Journal* on part of Dr. Tomkins, reminds one of Washington Irving’s account of the furious battle between the Kinckerbockers and the ferocious men who lived on the banks of the Delaware. You will remember that the two armies fought

all day long, and between their lines of battle a herd of cows peacefully grazed. We fancy that not many of the readers of the *Ladies Home Journal* scan the pages of the *B. M. and S. J.* Probably it pleases the two eminent gentlemen, and so, as no one is hurt, no one should kick. *Jama*, however, thinks it is "a valuable contribution to literature," so let it go at that.

TYPHOID VACCINATION.—"M. Metchnikoff disputed the efficacy of the vaccination made by Chantemesse and Vincent on the soldiers in Morocco by showing that their figures are scarcely convincing. The vaccinations were made when the epidemic was already on a decline, and partly, too, in localities where there were very few cases of typhoid, while, in order to make the results more favorable, the non-vaccinated subjects were taken from places where the fever was much more prevalent. In short, M. Metchnikoff thinks that this trial in Morocco, instead of proving the favorable influence of antityphoid vaccination, shows simply that the statistics given can be easily misinterpreted and that they should be accepted as significant only with great caution."—*Paris Letter to J. A. M. A.*, July 13.

SOMETHING NEW ABOUT SERUM.—Chalmers Watson relates a case that came under his surgical care (*Lancet*, June 22) that is rather interesting. The man had previously received repeated injections of normal horse serum for a duodenal ulcer. Needless, perhaps, to add it did no good; then Dr. Watson operated on the case. Not to go into details it may be stated that the abdominal wound refused to heal and "its edges were found in a condition of extreme sepsis, almost, indeed, amounting to putrefaction." "It seems clear that this condition must be ascribed either to a simple, but unusually virulent and rare, form of sepsis, or to a particular variety of sepsis associated with, and dependent on, a lessened state of resistance, resulting from the long-continued use of the normal horse serum—virtually a state of anaphylaxis. I am not aware of such a condition having been described in the human subject, but our knowledge of its existence in animals leads one to regard its occurrence in man as possible, and the remarkable features of this case lead me to regard it as an example."

The patient died on the fifth day after the operation.

**LATIN.**—The *British Medical Journal* recently received a criticism on its use of the plural "serums" instead of "sera," the critic basing his criticism on the grammatical fact that Latin nouns ending in "um" change this termination to "a" when assuming the plural. The *Journal* defends itself by asserting that if we adopt foreign words and give them full citizenship they should be made to conform to our verbal laws.

**A RAT KILLING RECIPE.**—"While the cities of Colon and Panama are in the Canal Zone, they belong to the Republic of Panama, but the United States government maintains the control of sanitation. Besides doing the other work of sanitation in those cities, the government is also superintending the killing of rats, and find the following mixture valuable:

"3 parts by weight of sugar.

"13 parts of oatmeal.

"4 parts of commercial arsenic.

"This poison is taken by the rats much more easily than the other mixtures tried heretofore."—*Southern California Practitioner*.

**THE A. M. A. MEDICAL CARTOONS.**—In quite a friendly spirit we advise the powers in the A. M. A. to either stop the "cartoons" now appearing in their journal, or, else, employ a professional cartoonist. Some of the cartoons that have appeared are quite funny, but the laugh is on the A. M. A. For instance, "The Awful Medical Trust" appearing May 25th. It is made up of an artistically and cartoonishly queer figure of a woman labeled "Medical Trust." Behind her are "Patent Medicine Fakir" and "Mail Order Fakir" pulling the strings. Her one foot is "Food Fakir." Ranged in defiant attitudes in front of her are five little figures labeled "eclectic," "chiropractic scientist," "osteopath" and "homœopath." In the background (which is rather vague) is another "patent medicine fakir" exclaiming, "That bogie is just the thing we need." Real cartoons are powerful, but the A. M. A. variety reminds one of the patent medicines—a substitute. In the name of Art, gentlemen, either hire a professional or quit the cartoon business. We ask it in the name of Art for Art's sake.



A PROGRESSIVE AGE.—One of the May medical journals writing of a certain very popular procedure remarks, "it was abandoned after observations of results in about eleven thousand cases"—because it was worse than the disease. What it was all about is immaterial, but the moral remains—while it lasted it was highly scientific; when it ceased, after 11,000 had been subjected to it, it became a case of progress—"we no longer do that, we have advanced." It is things like this that makes the RECORDER somewhat aggressively homœopathic, and frightfully skeptical when von Blohardye announces his wonderful what-ye-may-call-it, which usually quietly ends in an unsung "Titanic disaster." No wonder that every year more stringent laws are needed to keep the world in the hands of official medicine.

"THE INEBRIATES BILL."—A newly appointed secretary to the Home Department, England, has introduced a bill in the House of Commons that is popularly known by the above title. In brief, under its provisions any relative or friend can petition the judicial authority to have any "inebriate" forcibly detained and a guardian appointed to look after his estate if he have one. An "inebriate" may be one who is addicted to the inordinate use of "intoxicants," which are liquor, sedatives, narcotics and stimulating drugs. Under such a bill one can fancy hungry relatives and schemers seeking to have men with property "committed" more with a view to the handling of their assets than from altruism. Even an inordinate coffee or tea drinker might be held up. There is something to be said in favor of the Spartan rule concerning the introducer of a new law.

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### NEWS ITEMS.

Dr. George G. Starkey has moved his office to 1138 E. 63d St., near Lexington Ave., Chicago.

Dr. Byron G. Clark has removed to 251 W. 75th St., New York City.

Dr. Chas. A. Walton has removed to suite 31, No. 1230 E. 63d St., corner of Kembark Ave., Chicago, Ill.

Dr. E. C. Stillman has removed from Wenatch to Cashmere, Wash.

## PERSONAL.

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A reputation for learning depends largely on one's ability as a mental show-window dresser.

It is well to remember that it is the school and not the child that is public.

The cost of financing a president, so that the people may rule, is prohibitive to all but the multitis.

Buttermilk, says the great Metchnikoff, will prevent a man from growing old. But it will not stop the years.

The professional man so busy that he has no time to read is on the toboggan—though probably at its top ready for the slide.

The majority rules at a lynching-bee.

When a man, intimates the *Yale Record*, is neither head nor tail of an ass, he is no end of an ass.

"Take it from me!" as the man said when the dog gripped him.

Saved "by the skin of the teeth."—*Job*.

Fool question? "What is success?" But can you answer it?

"Sensibilogen" and "sensibilisins" are two new words which mean—What?

"The use of any application should be intelligent."—*Dyer*. Amen!

"That doesn't worry me," said the doctor. "And it wouldn't me if you had it," replied the patient.

"The council" ought to sit in judgment on certain "favorite prescriptions" of those in good standing.

Dr. Fields thinks that any woman whose husband eats onions has grounds for divorce. How about the reverse?

Coolness is always admirable if not in the feet.

"Health is wealth," but not bankable.

"What are these roaming candles, vulgarly pronounced 'roman,' that they use on the 4th?" asked Sweet Alice.

"The people must Rule!" Which people?

Can a fat woman shrink?

Tips come to those who wait.

Binks says his "car" is the "7:05 A. M."

"Is there an Independence Day," asked the Benedict.

When Claude was brought before the Bar of Justice he asked for a "Manhattan" and it cost him a tener.

"Reading makes a full man"—so do other things.

The sarcastic diner asked the slow waiter if the strike was settled.

"Palpable proof" is that over which editors swear sometimes.

The world is turning, in the abstract from brick and wood to the concrete. It should be changed from "taxicab" to "taxyoucab."

# THE HOMŒOPATHIC RECORDER

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VOL. XXVII LANCASTER, PA., SEPTEMBER 15, 1912 No. 9

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## IS MEDICAL UNITY POSSIBLE?

### With a Side-Light From Experience.

Yes—if you, or the other man, will give in; otherwise, no. If you believe in the principles of Homœopathy, you may be taken into an allopathic society, may practice Homœopathy, but you may not preach, uphold or write about it as a member of that society; it may be possible in a local society, or club, but not in any of the larger organizations. To fraternize and work with the bigger school is all right, for every one should be on friendly terms with his fellowmen, but to “break down sectarianism” means that you, Dr. Homœopath, must give up your flag and enlist under that of the allopath; there is no other course. They say, “Give up your sectarianism, and practice what you please.” This seems fair but suppose you, as a member of the society, should read a paper reporting a number of noteworthy cures under *Natrum mur.* 30, or *Lycopodium* 30, or any other potentized drug, and should send it to the society’s journal, you, and every one else, would be amazed, and that journal’s editor would be haled before the powers that be as a “sectarian,” provided, of course, he had printed it in good faith.

That the foregoing is the simple truth is shown by the experience of a homœopathic house recently. This house concluded to try the efficacy of a little advertising of things distinctively homœopathic in the *Journal of the American Medical Association*. So they wrote the business management of that publication for terms and received a very courteous reply, in effect, that they would be glad to receive the advertisement provided it would be of an acceptable nature. The first venture of the proposed advertising campaign was a plain but distinctively homœopathic book.

The advertisement contained the title of the book, with a line or two stating what it was, the price and the firm's name—as “clean” an advertisement as could be found. The *Journal* asked to see a copy of the book before inserting the advertisement, and one was sent. In a few days came the reply: “This book is so absolutely unscientific that we cannot consider the acceptance of this ad.” The business manager explained that this was the report of the “Advertising Committee,” and “under the circumstances we must decline the advertisement,” which conclusion was not at all surprising to the would-be advertisers. What little attempt at science there is in the book is drawn from *The Organon*, therefore, it must be concluded that any physician who believes in the teaching of that book, *The Organon*, is “absolutely unscientific,” and consequently, not fitted to associate with the scientific men of the A. M. A. There can be no other conclusion.

Curiosity impelled us to examine the scientific advertisements that are acceptable to the committee. The first one of note is a remedy for hay fever, generally supposed by the medical scientist to be beyond the reach of remedies; to be sure the advertised remedy is “not a specific in the strict sense,” as the advertiser tells us, but “it controls the symptoms very effectively,” which seems to be a very neat way of whipping the ethical devil around the stump. It would be interesting to know what “a specific in the strict sense” is.

Next we came across a “Fundamentally New Therapy”, in Gout, Rheumatism, Ocular, Aural and Neuralgic affections,” directly or indirectly attributable to disturbed Uric Acid Metabolism.” This new thing in Scientific Medicine is “Not a Solvent but a Mobilizer of Uric Acid.” If the Committee that sits in judgment on advertisements can tell us about “disturbed uric acid metabolism,” and the effect of mobilizing uric acid, they can do more than we give them credit for. Besides we thought uric acid was “out of date.”

Further on comes something else for “Hay Fever.” It is made by “injecting the pollen-toxin” into horses and consequently is a serum. The chief interest here centers in the fact that the committee has admitted the cause of hay fever to be a “pollen-toxin.” Wonder what the learned editor has to say on this very important discovery?

The next scientific discovery endorsed by the committee is something that allays pain and eradicates "germ-produced diseases." Inasmuch as all diseases are germ-produced, according to the scientific gentlemen, this drug must be the long sought Panacea.

There are other interesting things in the *Journal's* handsome advertising pages, and also many commonplace things, like colleges, sanitariums, instruments and the like, but let these specimens suffice for the presumably "absolute scientific" in comparison with the "absolutely unscientific" homœopathic book which outlines the principle of *Similia*.

In conclusion, let it be stated that this is no "grouch," for we rather admire the *Journal's* refusal to advertise something it does not believe in; it is offered as rather plain proof that the only way the two schools can come together is for the homœopaths to unconditionally surrender and become medical hewers of wood and drawers of water for the bigger school.

Back up your national and state societies!

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## THE SCIENCE AND ART OF MEDICINE.\*

By John Hutchinson, M. D., New York, N. Y.

It is said, and well said, that in no better way can the cause of Scientific Medicine be strengthened than by its faithful practice. At this point, then, we have proper emphasis given to the Art of Medicine as the suitable companion of its Science. Science is the knowledge of what is to be known; Art teaches us to do what is to be done. And if still another definition were required, we might answer that by Scientific Medicine we mean Homœopathy. Homœopathy comprises the elements of Scientific Medicine that are applicable to patients, that provide cure for the sick.

As physicians, members of this body assembled at its thirty-third annual meeting, we are impressed by a definite duty, the art of *applying* scientific medicine, that it may extend its help and care to mankind. Our members are found on every part of the

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\*Address of the President, International Hahnemannian Association, June 24, 1912, annual meeting held at Swampscott (near Boston), Mass., U. S. A.



globe. Membership in the International Hahnemannian Association is a credential of the higher attitude toward the great obligation of medicine to heal the sick.

We are deeply concerned with the relation borne by our Association to the world of medicine and to the general public—to scientist and to layman. The problem of reaching the heterogeneous factions everywhere is almost forbidding, but it certainly exists for us. Much sentiment in general medicine leads voluntarily away from the spirit and form of Homœopathy; but this sentiment concerns itself, however, in such manner with facts radiating from the law of cure that some discernment of that law must result. And yet it does not often seem to result. In some minds, holding as they will the conviction that medicine is destined to progress by spectacular strides, there is attempt to deny any limitation that might be implied by the recognition of Homœopathy as embodying the law of cure and the science of therapeutics and the art of practice. Some minds do not lend themselves kindly to those ideas which reckon fairly with fixed principles and facts.

Yet, viewing as we must the variety and mutability of popular medicine, we cannot fail to be gratified by that welcome from thinking classes for this Association's declaration of principles which has stood for thirty-three years. It is one more evidence that the simillimum administered in most serious cases has made a reputation not to be gainsaid. Further, as long as distinct organizations exist in politics, religion, or medicine, so long will the discriminating public expect a doctor to belong to some particular school and stick to it.

Our position is in a sense militant; it becomes so by virtue of the normal trend and restraint of our practice. It is unthinkable—with our largest possible opportunities to observe both immediate and ultimate consequences of unsound therapeutic measures—that we should be indifferent to the character of cures that are such only in name. Accordingly, we are bound to combat the Specific idea, which aims to provide the specific remedy for a specific disease, as being false, both theoretically and practically. This idea has taken hold of the newspaper public, it is supported by scientists who ought to know better, and—we regret to say—it occupies the minds of many who stand in the ranks of Ho-

mœopathy. The specific idea is fundamentally opposed to the very principles of the similar remedy, for it views disordered health as an entity apart and distinct from the sick individual. It is the false approach to the sick man.

The cancer mortality in the State of New York reaches nearly 700 victims a month, and the cases are increasing, the rate not being influenced by season, apparently. It is not to be wondered at that any idea of rescue from such a state of things should be grasped by the public. Not yet is the public ready to understand its cause or its consequences. But when we consider the form which this malady takes in different subjects, the variety of its morbid tissue, the ununiformity of its manifestation, and the possible range and extent of causes, it is impossible for scientific medicine to promise a cure that is specific in the accepted sense.

We combat, in particular, treatment instituted on the basis alone of bacteriology, including, as it does, whatever pertains to serology as such. This treatment is even more unnatural and despotic than forcible depression of high temperature, from which latter practice we are happily able to report reform in the very school of its origin. To-day its reference to the febrile process is as a reaction of benefit to the organism, a protective act of nature.

We have still to combat the tendency to institute circulatory stimulation. How "heroic measures," as so often described in the case of some noted man at the point of death, is going to help him to live, much less to recover, is going to do anything but hasten his dissolution, since no strong man in the world when well could safely endure that "heroic treatment," is one of the mysteries that will probably make history like Herculaneum and Pompeii.

But why multiply items? If the slogan, "Don't interfere with Nature," is to be shouted whether scientific or not, why should the shouters refuse to listen and heed sometimes?

While the truth of Homœopathy is acknowledged, the larger reality of it seems not yet to have been grasped by those modern laboratory scientists of international fame who have paid verbal homage to the fact that Homœopathy embraces features of scientific value which they have occasion to utilize. While the principles of Homœopathy are one by one being steadily incorporated

into general medical knowledge, the unique facts of its practice gain but slow recognition in the minds of men whose attention and training have not converged to the special study of Homœopathy, nor to its work that Hahnemann founded. We may very properly cling to the habit of citing Hahnemann's name in reference to fundamental Homœopathy, for none of his genuine followers has led farther forward than he, and some of his pseudo-disciples are responsible for unfortunate retrogression and mistakes that still work injury.

But to return to the interesting enemy from without. It is affirmed that some of our men have been upbraided for giving too low potencies, upbraided by men who not many years ago ridiculed any potency whatever, high or low, as containing too little medicine to produce the slightest possible effect. Now, from the same source comes information that the antitoxic body can be detected in some instances in a dilution of one to 100,000,000,000, distinguished from ordinary chemical action by atomic 'dissociation' that liberates specific electrons. Further, it is complained that the microscopes have not high enough power to demonstrate that which really exists in known pathology, though it was not so very long ago that our friends as well as our enemies were telling us that no medicinal substance could reside in our medium and high potencies because the microscope could not disclose it. But it comes to the same thing. What we said then they are repeating now: "*So much the worse for the microscopes!*"

Thus are we supplied with examples of conflicting opinion that is inevitably to be settled in the long run on the side of Homœopathy. You will undoubtedly admit that the larger difficulties of applied Homœopathy are accentuated by the policy of the dominant school. It may perhaps be insisted that we do not wish to belittle that policy. In justice to it, we must concede that if its order of study was to be followed and its kind of research had to be done, the task was logically its own, not ours. Yet we have not been deprived of its possible value. Whatever its shortcomings, the dominant school has nevertheless provided medical thought and speculation with much suggestive material and many interesting facts. As has been truly said, it teaches almost everything medical except how to heal the sick promptly, comfortably and safely. This being so, it might be urged with a measure of

plausibility that the whole field is ours, and the difficulties complained of should disappear by virtue of our superior therapeutics. They should, and they do, other factors being equal. But is not the contention entirely reasonable that any therapeutic agent proclaimed to the large lay public as the latest and best, when really failing in superiority to the internal similar remedy—the remedy answering to the exact nature of the case—is an obstacle in the way of good practice?

Anent this discussion, let me submit to you the following extracts taken from a lecture, entitled “Anaphylaxis” (the word now adopted for a form of hypersusceptibility, that Homœopathy has always reckoned with), by John F. Anderson and M. J. Rosenau, of Washington, D. C., delivered to the Harvey Society, New York, December 5, 1908:

“It has long been known that the blood of certain animals is poisonous when transfused or injected into certain other species. Many instances might be cited showing that the blood serum of an animal of one species has *poisonous properties* when injected into an animal of another species. But the blood serum of the horse *apparently lacks such poisonous action*. Very large quantities of the blood serum of the horse may be injected into man, rabbits, guinea-pigs, and many other animals *without serious inconvenience* except occasionally a slight reaction at the site of inoculation.”

“In a certain proportion of cases the injection of *horse serum into man is followed by* urticarial eruptions, joint pains, fever, swelling of the lymph-nodes, œdema and albuminuria.”

“In exceptional cases, *sudden death has followed an injection of horse serum in man.*”

“We have shown that ordinary *horse serum is a comparatively bland and harmless* substance when injected into certain animals; but these animals may be rendered so susceptible that an injection of *horse serum may produce death* or severe symptoms.”

“We are now able to state . . . that diphtheria antitoxin in itself is *absolutely harmless.*” (No italics in the original.)

These quotations, found within the limits of less than two pages of the published lectures, are not submitted on account of their peculiar logic, their assumption, nor their optimism. They are cited as merely characteristic of the mental temper of the

laboratory to-day. It seems different from that open-mindedness that Hahnemann enjoined. There is something of prejudice entering into a report, it seems to us, if that report characterizes a substance that has caused sudden death as comparatively bland and harmless.

It is logical for Homœopathy to prove every remedy. More than this, we see how important it is that everything that is ingested by man—not medicines alone, but also foods—be proved in the human organism, which is the Laboratory of Homœopathy. As properly conducted, this normal experimentation never endangers life, but, on the contrary, is of permanent benefit to health in many cases.

The rather large question has not been carefully settled as to the propriety of forcing foreign substances directly into the circulation by traumatic means. With us it is incumbent to learn the distinct effects of single substances upon the human economy when received through the buccal and gastric portals into the body. Our method of systematic proving is not generally understood. We are often told that a preparation has been "tried out" as if the process were identical with our "proving." But the actual difference is much like the two kinds of prescribing on symptoms. To begin with, our symptomatology is of a fine grade that is almost entirely misapprehended by those who have not taken the trouble to study it. The sequences and relationships that are to us of so much importance pass quite unnoticed by the pathologist. On the other hand, we deem of small value for the requirements of prescribing the gross symptomatology of headache, fever, diaphoresis, and find even less value in the so-called symptomatic prescribing accompanying it of a cathartic, diaphoretic, or other such agent.

The finer facts belonging to Homœopathy are not well elucidated by the superbly endowed biological laboratories of the present day. The methods of study therein are too crude. The aim *in toto* is crude. In scientific healing the truth must be recognized that the human temperament with which we must of necessity deal is impressible with what are or may be considered slight influences.

We cannot accept either physiology or pathology alone as the science of medicine any more than we can say that biology, or



chemistry, or psychology is the science of medicine. Though having its important place in medicine, any one of these science is remote from the power to heal the sick. A little logic is enough to show that our knowledge of the science of physiology is likely never to be large enough to enable us to reconstruct, *sui generis*, a process that is disturbed, returning it to its normal. We cannot restore gastric function by supplying the deficient secretion, whatever its chemistry. Our chemistry of pepsin, acids or alkalies is inadequate. It does not meet that peculiar demand which is vital. Chemistry does not reach it. We determine that the system lacks iron, and then we administer that element in atrocious doses over an absurd period, but the tissues refuse to accept our bounty. How much more inductive reasoning will it take to teach successfully the lesson that a larger principle is involved in cure than that based on the presumption to reckon directly with the crippled function as if it were isolated, in the belief that chemistry inside the body is identical with chemistry outside the body?

We know well, and so does the world know, that Homœopathy provides a better method for the care and cure of these conditions.

When, after years of investigation, Hahnemann described the chronic disease forces, he stated broadly and most comprehensively the problems of heredity and diathesis. His teaching as to the profoundly serious phases of chronic ill health, and their curability under proper medicine, completely refutes the general assumption to-day of the incurability of patients afflicted with chronic disease. His conception of what should be learned of the patient in any illness as outlined in his schema is invaluable. We could not for a moment relinquish that schema. It covers the case of illness in its completeness. Its mental section claims, yes, it wins and compels our homage. Mind health and its relation to body health was never so well shown before, nor since. Nowadays, with all our attention to physical culture, the mind is left in the lurch. Much is heard about mental culture, but some of it appears to be counterfeit. Even if it is conceded that a man's mind is the best part of him, traditional medicine had to receive this emphasis from so-called Christian Science. And now, Homœopathy, whose remedies for disturbed mental health are indis-

pensable, is being told quite seriously that its remedies never reach the mind. What shall be said then as to the efficiency of those which restore to the mind its poise after fright, grief, anger, apprehension, delusion? It must at least be admitted that they reach and cure the patient.

The most conspicuous danger to any school of philosophy or practice is Assumption. It has wrecked a lot of handsome craft. It is so easy to sail away on a good-looking sea of statements, and then forget all about the old landmarks until we dash into them and meet destruction. It is so easy to believe what we wish to believe. It is so hard to reflect always on known facts as they stand, leaving out, until these facts are thoroughly scrutinized, whatever we are predisposed to deduce from them. Apposite facts are enough for science. If our conclusions cannot be made without displacing facts, or hiding them for the time being, so much the worse for that kind of philosophy.

The extension of the practice of Homœopathy will banish Assumption. It will forbid a man of science to put forward his mere belief as anything worth attention. He may be a very good man, and we may like him very much, but that is not to the purpose, the facts back of his or anybody else's belief are what count.

It is often remarked that medicine is not an exact science, but it should be remembered that logic is an exact science. Is it not possible to employ enough medical logic to imbue our work and progress with the precision uniformly essential for the healing role? Logic being not only an exact science is also the simplest and most elementary of all the sciences. It is then peculiarly fitting that the law of similars should be availed of by the purely logical method.

We cannot help wondering if Hahnemann, profound as was his classical learning, did not have in mind the *Organon* of Aristotle when he prepared his own. If anything impresses us as being uniquely characteristic of Hahnemann's personality it is his high respect for standards.

Aristotle said: "Science must start from something that is not proved at all." Also, "You must study facts, not beliefs."

The philosophy of normal medical reasoning has been built up by the method of induction, a mode that has come down to us from Socrates and Aristotle.

The assembled facts in the study of a case of illness, not diagnoses, not explanations, but only the facts that appear, which do not ask for proof nor need it, since they simply exist—the induction of facts brings its demand up to the provisions of the law that is universal.

The grammarian who was first to distinguish nouns from verbs and give them names did not invent nouns and verbs, he did not prove that they were nouns and verbs, he simply called attention to their existence in language. He had good reason so to do by the fact of their *peculiar* differences. As nouns and verbs they satisfy the essentials of a sentence, which in its turn comes under the complete requirement of an expression of thought or feeling or action.

Against well-verified knowledge, accumulated by inductive research, there contrasts the essentially emotional attitude of the dogmatic mind—*belief*—combined with a perfectly accurate mode of reasoning on wrong premises. The result is that it feels perfectly certain of its conclusions in those cases in which they are quite as likely to be wrong as right. Men are led most easily by their emotions, but they are not held by them. The emotional element is fickle. Any belief based on emotional foundations is pretty certain to be unsound. Opposed though it is to the scientific, emotional belief invades that circle and induces much error.

Now and then some unnecessary fog is engendered by brisk discussions of the limitations to be encountered in the scope of the homœopathic remedy. But it must appeal to us that as far as limitations go they are more concerned with deficient scientific judgment than with the scope of the remedy. We know well by this time that the science of Homœopathy demands art for its employment, else the *Organon* would never have been written. The vital organism cannot be controlled by materials alone, else *Materia Medica Pura* and *Chronic Diseases* would have been ample equipment for the physician without the *Organon*.

It may be that the quality of the practice of Homœopathy has not improved since the time of Hahnemann. We are inclined to the opinion that the men of his period who understood his teaching, and who assisted him in making his provings, made as fine prescriptions as have ever been made, and that resulted in the highest cures. The cheering fact at present is that the world has

many more men now than it had then to do work of the same high grade.

If Homœopathy has not changed in a hundred years, since its active life began, it is certain that its school and its practice have progressed, that its philosophy has had fuller interpretation, and that its materials have been utilized in a more advanced degree, however unwilling or unable some minds have been to acknowledge that progress.

Its reform of drugging methods began with Hahnemann more than a century ago, and this reform has not ceased. This is admitted by all—friends and enemies alike. Its constructive policy has included sanitation, hygiene, both mental and physical, and trustworthy regimen, external and internal, for public and private advantage. In a period of history and an age of cold storage, when pure milk, fresh eggs, and good meat are most difficult to procure, its aids are indispensable.

Is there *greater* achievement in medicine than the homœopathic prescription? It is more than an item of exact science; it is applied science; its success shows it to be also the reward of advanced art. The reason is not far to seek, since demand for the remedy is a vital one, evidenced by perfectly trustworthy indications that are always present in the curable case; and the art of the prescriber should not fail to reason directly to its requirements.

If the result of the exhibition of the similar remedy is not properly understood by the prescriber, he may fail to recognize it when it appears. With him it is only in fortunate and obvious instances that he may become aware of the completeness of the unfolding cure, and so keep meddlesome hands off till that cure is revealed in its fullness. Too much stress cannot be laid on this item, but your President has no need to dwell upon it here, for this Association is, perhaps, more fortunate than any other in the ability of its members to meet this higher requirement.

Homœopathy might not have been the power it is in the world if Hahnemann had done his work less well. If he had not specified in detail the duties of physicians of the type ready to demonstrate both the science and the art of medicine, it is quite possible that the great purport of his discoveries would never have reached the world, and their logical nature have never im-

pressed it. He, the sane, orderly and profound thinker, failed not to realize that whatever was to be useful to mankind must be defined for mankind with no uncertain stroke. Back of every declaration there must be substantial fact.

The foundations of Homœopathy are facts. They support the truth that in the healing of the sick that law must be respected and followed which says Likes are to be treated by Likes. And so the need is established for a clear comprehension of the EVIDENCES of vital disorder. Just what vital disorder is we may not know. It is not yet permitted us to know. We have never seen the vital spark since it began to illumine the temple that God made and pronounced done in His own image.

It is borne in upon the consciousness that we are not allowed to enter at will the chambers of the living temple. There are paths we may not tread nor follow, closed doors that we may not open, but it is given us to perceive and ponder all the evidences of physiological and pathological phenomena that spring from or have their origin in the vital organism. It is on our faithful observation of these evidences that our *utilization* of the law of cure must rest. The demand that this observation 'be exact, unimpeded, unadorned, is imperative.

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### DEFECTIVE REACTION.

**By W. H. Freeman, M. D., Professor of Materia Medica,  
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In the abstract, defective reaction is a state of constitutional weakness or lack of immunity, which renders the body incapable of quickly eliminating morbid influences. In other words, an inability to prevent or quickly conquer disease through the unaided action of the vital force. The man with perfect reaction is immune to disease. Practically speaking, every case of illness needing medicine is an instance of defective reaction.

In the concrete sense in which the term is used homœopathically, the meaning is limited to that state of defectiveness in which the patient is unable to react curatively within a reasonable period, even when aided by a remedy capable of causing a very similar set of symptoms.



In the sense thus used, it does not signify defective reaction in the absolute, but rather imperfect reaction or inability to react except with the aid of some very deep acting drug—a drug that would not be indicated in the ordinary case of illness with similar symptoms. Such defective reaction is due to the presence of some dyscrasia, underlying the more active condition, which has impoverished the vital force and rendered it incapable of responding to the stimulus of anything less potent than a drug which acts on a similar deep constitutional plane.

The term thus used is somewhat illogical since failure to obtain curative reaction in the beginning is due to failure in recognizing the need for a drug of this character.

Such, however, is not necessarily a reflection on the ability of the prescriber, for the reason that the clinical test is often the only reliable guide, and it is proper and even essential that we should when in doubt always give the superficial drug rather than the one acting on the deeper plane. If the first proves ineffective, the only harm is a slight loss of time; whereas, when a deeply acting drug is improperly prescribed, quite severe reactions are apt to occur as a complication, owing to the special susceptibility of patients to such drugs when ill.

Another form of defective reaction is that in which the correct drug is followed by curative reaction, but in which the reaction is not continuous, and where another and deeper acting drug must be prescribed, later on, in order to make the cure complete. We have a good example of this in the pneumonias with delayed and imperfect resolution which require such drugs as *Sulphur*, *Lycopodium* or *Bacillinum* during convalescence.

It is easier to understand the subject of defective reaction when one fully realizes the many diverse etiological factors underlying disease and the varying degrees of malignancy with which each acts in different individuals, according to hereditary and acquired tendencies and powers of resistance.

Morbific influences seldom or never exist singly, the psoric diathesis always exists fundamentally to a certain extent; and upon this may be superimposed the sycotic, syphilitic, tubercular, malarial or other chronic dyscrasia—not to mention the morbidity resulting from bad hygiene, the abuse of drugs and improperly treated acute disease.

If we fully understand the preceding summary, it is easy to understand the possibility of disease acting on different planes in different people, according to the sum of their resisting powers and their morbidity; and, when we realize the existence of such varying planes in disease, we are in a position to look for and recognize a similar vital difference in the planes of action of drugs. We shall better understand also the possibility of three patients having the same disease and very similar symptoms, one of whom may need *Belladonna*, acting on the vegetable plane; another *Calcareo*, acting on the mineral plane; and the third *Tuberculinum*, on the nosodal plane. Also, we can understand why *Belladonna* and *Calcareo* are useless in the last case; why *Belladonna* is useless and *Tuberculinum* not only useless, but possibly harmful in the second; and only *Belladonna* curative, while *Tuberculinum* or *Calcareo* are not only useless, but apt to be harmful in the first case.

It might not be inadvisable to state also that plane of action means depth of action and appertains to chronicity and intractability, and may have no relationship to the immediate seriousness of disease as regards present chances of recovery or death.

The acute ailment with symptoms similar to but not helped by *Belladonna* may need *Mercury*, *Calcareo* or *Tuberculinum*. Also the frequently recurring illnesses of *Belladonna* or *Rhus* type may need *Calcareo* or *Tuberculinum* during convalescence or between attacks to eliminate the tendency.

A knowledge of the complementary relationships of superficial and antipsoric remedies, or of these to the nosodes, is a great help in prescribing, for the reason that when a deeper acting drug is needed it is a great time saver to know, when choosing between several which usually follows the preceding drug best. This is especially so with the nosodes, for the reason that repertory analysis seldom gives any suggestions regarding the latter.

While defining defective reaction, it may not be unprofitable to show what it is not.

A patient, the subject of chronic headaches, was referred to the writer during an attack of unusual severity. The headache had been continuous and increasing in severity for seven or eight days. It was of an intense, throbbing, bursting character; worse

from warmth and better from cold bathing, cold air and cold applications.

*Belladonna*, *Pulsatilla*, *Natrum mur.* and finally *Sulphur* had been given, as well as various headache powders, which the patient had taken on his own account.

In addition to the foregoing, the patient in a general way was chilly and sensitive to the cold; was pale, anæmic, anxious, restless, a poor sleeper; and subject to frequent attacks of brownish, offensive diarrhœa, preceded by griping and accompanied by weakness, cold sweat and burning at the anus, with considerable relief following complete evacuation. There were quite a few other symptoms in addition, all of which, including the headache, were covered perfectly by *Arsenic*. Three or four doses of this remedy in the 200 potency, at frequent intervals, relieved the headache entirely within a few hours; and on the day following, after having had a good night's sleep, he said that he felt better than he had felt for months previously.

This was not a case of defective reaction, therefore, but rather one of defective prescribing, and *Sulphur*, as well as the other drugs given, had failed because they were not indicated.

### Remedies for Defective Reaction.

*Sulphur* is the remedy most often needed for defective reaction, but it should be given on this indication only when the constitutional diathesis is shown by careful study to correspond to the *Sulphur* pathogenesis.

It is never indicated in the frequent cases of failure resulting from incompetent prescribing, under which circumstances it is useless and only results in further confusion and loss of time.

It is indicated in many cases of the psoric type, whose chronic morbidity interferes with and prevents recovery from some apparently superficial ailment after remedies accurately prescribed for the latter have only palliated or proved ineffectual. When thus indicated it will usually be found by careful comparison to cover, not only the recent troublesome symptoms, but also the older chronic symptoms and morbid tendencies as well.

It is often indicated for defective reaction in syphilitic, gonorrhœal and malarial conditions—not because of any specific curative relationship, but on account of the underlying psora which must be divorced before a cure is possible.

It is the correct understanding of such facts as the foregoing which makes it possible for the Hahnemannian to cure conditions with small doses of the individual specific, which the empirical physician, with his massive doses, merely suppresses.

In pulmonary tuberculosis with *Sulphur* symptoms, *Bacillinum* is often preferable; and, if *Sulphur* is used, it had best be given low—6x to 12x, to begin with at least, as the reaction from higher potencies of *Sulphur* in this disease is often destructive rather than curative.

*Carbo veg.* is another deeply acting antipsoric often needed for defective reaction in weak, devitalized, exhausted or cachectic patients, and in asthmatic, dyspeptic, cancerous and old syphilitic or malarial conditions, especially when there has been abuse of alcohol, quinine or mercury.

Coldness of skin, breath, sweat; coldness of legs and knees; distention and belching; collapse or dyspnoea are characteristic indications.

*Carbo animalis* is very similar to *Carbo veg.*, but on account of its organic origin, ox-hide (charred epithelium, nerve and connective tissue) has a deeper and more complex pathogenesis.

Extreme weakness, debility or exhaustion; induration of swellings or ulcerations; decomposition, putridity—offensive, acrid discharges; burning, aching, soreness; and cyanosis, local or general, are some of the leading manifestations which should cause us to think of it for defective reaction in tuberculosis, syphilis, gangrene or cancer.

It corresponds especially to malignant types of disease, as well as those tending toward malignancy.

It is the principal remedy to think of in cancer when other seemingly well indicated drugs fail to act.

*Capsicum* is the remedy to be thought of for defective reaction in people who, while languid and sluggish, are also extremely sensitive and easily offended; who are very conservative, having a decided aversion for new surroundings, new acquaintances, new ideas and everything suggesting advancement or improvement over conditions already existing; who are fat, lazy, phlegmatic, head-strong or selfish and ungrateful; and who have poor circulations and a decided aversion for fresh air and exercise.

Such subjects are most frequently seen in the children of parents who have fed largely on highly seasoned, peppery, spicy foods and condiments.

*Opium* should be thought of for defective reaction when apathy, mental sluggishness or stupor, painlessness or insensibility, contracted pupils or obstinate constipation are present and have failed to improve under other apparently well indicated drugs. It is especially apt to be needed in paralysis, apoplexy, meningitis and the last stages of Bright's disease.

Opium, and especially morphine, given in material doses, have been known to occasionally increase the pain or the insomnia and excitability for which they were antipathically prescribed. On the basis of this latter hint, the writer has prescribed morphine in potency on several occasions with curative effect, for severe pain accompanied by excitability and hyperæsthesia, when other seemingly well indicated drugs, such as *Cham.*, *Ign.*, *Coffea* or *Aconite*, had proved ineffective.

*Radium bromide* is a new drug, the pathogenesis of which strongly suggests it as a possible remedy of high rank for defective reaction in intractable forms of chronic rheumatism, arthritis, arteriosclerosis, nephritis, chronic skin disease, phthisis, cancer, etc.

It should always be remembered that conditions of apparent defective reaction may arise in the practice of the best prescribers, owing to the non-existence of the simillimum in the form of a proven drug; for instance, a condition needing *Radium bromide* would have remained uncured before we knew of this drug.

Also, it is well to remember that failure often results from our not recognizing and correcting errors of hygiene, such as various bad habits, improper mental attitudes, family incompatibilities, etc.; and also that there are structural and organic defects, many of which cause reflex symptoms simulating constitutional disease, which are not amenable to medicinal treatment.

The nosodes should be thought of for intractable forms of disease after other remedies, which have been carefully selected, prove ineffective.

*Bacillinum*, a trituration of tubercular lung tissue, should be thought of in phthisis. It acts better here than *Tuberculinum*.



*Natural toxin*, a preparation of the patient's own sputum, has been found by the writer to be decidedly beneficial in many bad cases of phthisis rapidly progressing toward a fatal termination. The potency has not proved beneficial, but the crude sputum passed through a Berkefeld filter and injected *subcutaneously* at infrequent intervals has caused marked curative reaction when everything else has failed. After using this preparation for defective reaction other remedies, which were previously ineffective, have acted curatively.

*Tuberculinum*, a trituration of tubercular bacilli, is a valuable agent for defective reaction in chronic intractable ailments of all kinds, where there is a family history of tuberculosis or pneumonia.

A single dose in a high potency following attacks of gripe will usually eliminate the tendency to have gripe and the cold-catching habit as well.

*Psorinum*, a trituration of the scabies vesicle, is very similar in its pathogenesis to *Sulphur* and should always be thought of when *Sulphur* fails, though apparently well indicated. It is especially apt to be indicated after *Sulphur* or *Graphites* in skin diseases. For the chronic after-effects of typhoid it is almost a specific.

Patients who are inclined to be chilly and who look or smell dirty in spite of bathing, or who dislike bathing, are very apt to need *Psorinum*.

*Medorrhinum*, often needed for defective reaction in children of gonorrhœal parents, or of parents who are sycotic, even though they may never have had gonorrhœa.

Intractable cases of rheumatism; nasal, vaginal or intestinal catarrh; diarrhœa, summer complaint and marasmus often need it.

A potency of the patient's own discharge will sometimes prove curative for acute gonorrhœa when specific indications for a particular drug are lacking.

The finding of the simillimum is at times not only a difficult but even an impossible task, especially with patients who are ignorant or stupid or unacquainted with the language. It is worth remembering, therefore, that the autogenous product will sometimes be the only remedy necessary for curative purposes.

*Pyrogen*, a preparation of decomposed meat, has proved of great value in bad septic conditions with symptoms similar to *Belladonna*, *Bryonia*, *Arnica*, *Arsenic* and *Sulphur*. When these or other drugs only palliate we should think of *Pyrogen*. In puerperal sepsis it vies with *Belladonna* and *Sulphur* for first place. In ptomaine poisoning it vies with *Arsenic*. The keynote symptom is rapid pulse with but slight or no elevation of the temperature.

*Pertussin* (Clark) is the drug to think of in bad cases of whooping cough, when the symptoms persist or return again after being allayed by other well indicated drugs.

Other nosodes which should be thought of in appropriate cases are *Syphilinum*, *Variolinum*, *Hydrophobinum*, *Glanderinum*, *Malandrinum*, *Carsinosinum*, *Schirrhinum*, etc.

Contrary to the belief of some enthusiasts, the nosodes are not and never can be specifically curative in the general run of diseases to which they correspond; neither are they most similar in their pathogeneses to any but certain individual cases. On account of their not having been proven, except fragmentarily in a few instances, their indications must necessarily be clinical and more or less empirical. They are, nevertheless, useful and necessary in a small percentage of cases where the plane of the disease is deep and fundamentally dependent upon an acquired or hereditary bacterial poisoning.

Even when indicated and curative, their action is seldom complete, for the reason that other morbid factors, for which the nosode bears no specific relationship, usually co-exist in the patient.

Let us suppose that a tubercular patient has failed to react to carefully selected drugs until *Bacillinum* has been given, after which marked improvement results for several weeks or months, and that then, the symptoms having changed slightly, the patient begins to backslide and *Bacillinum* is no longer helpful. Careful study of the present symptoms and past history now shows that *Natrum mur.* or some other drug covers the symptoms developing as the result of an underlying suppressed malaria.

After having given *Natrum mur.*, not only does the malaria disappear, but the tuberculosis is greatly improved as well.

A little later on the patient develops a bad cold, calling for

*Belladonna*, which relieves, and finally some other drug, which was needed years before, is called for by the symptoms, after which all manifestations of tuberculosis disappear.

Or it may be that *Bacillinum* will have to be given occasionally for relapses that will respond to nothing else, to be followed later by other drugs which will relieve symptoms for which the first is useless.

Or it may be that *Bacillinum* and all other drugs fail in spite of our best efforts, owing to an inability of the organism to react. Under such circumstances the natural toxin should be tried, after which the ability to react to other remedies often may be induced.

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### APPENDICITIS.

Editor of the HOMŒOPATHIC RECORDER:

Six years ago I read in *L'Art Médical* the enclosed translation on the mistakes made in the diagnoses of appendicitis and the needless operations. The idea advanced by Professor Dieulafoy was one which I had long held, and as I still believe the majority of these operations unnecessary and of no benefit to the patients, I send you my translation as one which has met with my approval all these years.

During the summers of 1904 and 1906 I saw a large number of operations for what had been diagnosed as appendicitis, and I noted the fact that a very large majority of those operations revealed a perfectly normal appendix. Added to these were several abdominal sections for other troubles, such as gall stones, ovariectomies, etc., performed by a noted Chicago surgeon, in which he always removed the appendix on the ground that it was a needless and injurious part of the anatomy—a constant menace to the life and health of the individual. As over thirty years of my personal experience has demonstrated to me that the so-called cases of appendicitis, especially under strict homœopathic prescribing, seldom need operating upon, I send you Professor Dieulafoy's article as one that should be thoroughly seasoned by time.

It is needless for me to say to the readers of the HOMŒOPATHIC

RECORDER that the practice of medicine according to the law of similars cures most of the diseased conditions recognized by the typical surgeons as surgical. None of the allopathic physicians will recognize or practice with our remedies and so have no way of judging of their efficacy. (Understand distinctly that by "allopathic" I mean exactly as Hahnemann used the word—*allao*, different, in contradistinction to *homæo*, like. If Hahnemann was absolutely correct in using the prefix "homæo" for a word designating a system of cure based on the law of *similars* or *likes*, he certainly was wholly in the right when he used for the former school a word beginning with a prefix meaning *different*.) But when so many malignant growths and so many so-called surgical conditions have yielded to the action of the properly indicated remedy, we know it is beyond reason to claim the inefficacy of a perfectly homœopathic prescription.

It would be incredible to claim that all of a physician's successes in a practice of over thirty-two years were coincidences. The writer frankly acknowledges that each individual case might in some way recover without the aid of the physician in charge, but his total work must have wrought some cures that were due to his particular care of the cases. This leads to the statement that in all the writer's practice he has neither operated upon a case of appendicitis, had any surgeon operate upon such a patient for him nor lost such a patient by death. Added to this is the statement that he has made many permanent cures in cases where surgeons had diagnosed appendicitis and condemned the patients to an appendectomy or death. "The explosive cartridge is in *your* abdomen," they were told, "and you must take your chances." This has led to a few conclusions: First, I doubt the ability of any surgeon to diagnose a case of appendicitis *per se*, for the simple reason that in my little experience in great hospitals I have seen too many blunders. In the language of a noted French surgeon, there is no indication to show that one has a case of appendicitis and nothing else.

HORACE P. HOLMES, M. D.

Sheridan, Wyoming, August 7, 1912.

**Communication Made to the Academy of Medicine, May  
29th, 1906.**

**By Professor Dieulafoy.**

I am astonished at the number of people who, being attacked with simply a muco-membranous or saburral typhlo-colitis are unduly operated upon for an appendicitis which they do not have. And one may say that the number is constantly increasing.

I have been one of the most violent partisans for surgical intervention in the treatment of appendicitis, and the farther I go the more I am convinced that it is the only efficacious and rational treatment. To remove the toxi-infectious appendicular foyer before it may become mortal is a rule of simple good sense which every-day experience has confirmed.

But, when I see the number of operations which are made of cases of appendicitis which do not exist; when I see the number of people whom a diagnostic error condemns to an abdominal section, I am dissatisfied, and I consider it is my duty to carry the question to that tribunal of the Academy where appendicitis has many times been the object of loyal and courteous discussions.

Here is first the exposé of the facts; we will interpret them later:

I. At the Hotel Dieu, a patient passed a day in my service who had been operated upon for a so-called appendicitis, when he had only had a muco-membranous typhlo-colitis. The surgeon did me the kindness to send me the patient and his appendix. The appendix was healthy; as to the patient, his attack of muco-membranous typhlo-colitis followed its course, after as before the operation.

II. I was called in consultation, on Bosquet avenue, by a young man who had complained for a long time of muco-membranous typhlo-colitis. At times there were very painful attacks, with nausea, vomiting and dejections of slime and membranes. At the time in which I examined the abdomen I perceived a characteristic cicatrix in the right iliac fossa. I immediately said to the patient: "You have been operated upon for an appendicitis?" "Yes," he replied, "for an appendicitis that



I did not have; they opened my abdomen on an error, and the attacks of entero-colitis have continued after as before, without modification."

III. The 13th of October, 1905, I received in my office a lady living in the department of the Seine-at-Oise. She described to me all the symptoms of a muco-membranous typhlo-colitis which had existed for several years, and she is actually again under the spell of a recent attack. I examined the patient and noticed in the right iliac fossa a cicatrix, which it was not possible for me to misunderstand. "But," said I to the lady, "you have been operated upon for appendicitis?" "Yes," she said, "I have been operated upon for an appendicitis that I never had, and I continue to be just as sick as I was before the operation: I have the same pains in the same regions of the abdomen, and I pass the same kind of slime and shreds." It was a good occasion for me to examine a painful cæcum, as the appendix had been removed ten months previously. I verified in the right iliac fossa the soreness of a typhlitis comparable to the soreness of a good number of cases of appendicitis, and I understood the cause of the error of those who, in abstracting other diagnostic elements, confounded typhlitis with appendicitis and opened their patient's abdomen for an appendicitis which did not exist.

IV. The following case was communicated by my colleague, M. Thiroloix. Madam C—— has, since seventeen years of age, had a muco-membranous and saburral typhlo-colitis. At twenty-one years of age she was delivered of an infant at full term. The intestinal troubles, which were relieved during pregnancy, reappeared three months after her confinement. In April, 1900, a violent attack occurred; the pains were especially sharp in the right iliac fossa, the fever above 102.2, and the fecal materials contained mucosities and membranes. Against the opinion of M. Thiroloix, a surgeon made the diagnosis of appendicitis and performed the operation. But there was no appendicitis; on examination of the appendix it was found healthy. It was a case of muco-membranous typhlo-colitis which continued, moreover, after as before the operation.

V. Here is a second case due to the kindness of M. Thiroloix. A man of about forty years has had seizures of muco-membranous typhlo-colitis since 1892. Two or three times a year very pain-

ful attacks occurred with fever. The pains were especially accentuated in the right iliac fossa; the stools contain membranes and mucosities. The attacks last several days and yield to repose, to hot applications and to hot injections. Several physicians diagnosed appendicitis. Such was not the opinion of M. Thiroloix, who held to the diagnosis of muco-membranous typhlo-colitis without appendicitis. The patient then demanded the opinion of surgeons, who affirmed the existence of appendicitis, and the operation was performed the 1st of May, 1900. But they found the appendix was free, undeformed, non-thickened, normal. The diagnosis of muco-membranous typhlo-colitis was then confirmed.

VI. In 1896, M. Thiroloix saw a man who came to consult him for an attack of muco-membranous typhlo-colitis. The attacks reappeared at distant intervals and lasted several weeks; the fever was constant. Injections brought away abundant mucosities, sometimes stained with blood, and membranes of which some attained the length of 20 to 30 centimetres. The cures by thermal waters had only brought about a transient amelioration. Tired with the repetition of the attacks, and convinced that he had an appendicitis, M. D—— demanded an operation. The operation was performed in January, 1898, but it was in no way a case of appendicitis; the appendix was normal.

VII. M. Divaris communicated to me the case which follows: The 7th of August, 1902, he saw a young man of twenty-six years in whom he made the diagnosis of muco-membranous typhlo-colitis; he eliminated the diagnosis of appendicitis and consequently opposed all surgical intervention. Other confrères admitted an appendicitis and advised operation. The patient was operated upon the 12th of May, 1903. They found the appendix absolutely healthy. It was, then, a case of muco-membranous typhlo-colitis and not at all appendicitis. The 24th of September all the symptoms of muco-membranous typhlo-colitis reappeared with pains in the right iliac fossa.

VIII. M. Quiserne communicated to me the following case: Madam P——, aged fifty-three years, has already had numerous attacks of muco-membranous typhlo-colitis. In May, 1905, occurred a very violent attack with pains predominant in the right iliac fossa. A physician believed in a complication of appendi-

citis and operated upon the patient the 29th of June. They neither found a trace of peritonitis nor adhesions; the appendix was absolutely healthy. Here again the typhlitis was wrongly taken for an appendicitis.

IX. Here is another case to which M. Quiserne is witness: Miss L—— was treated for four years for a classical muco-membranous typhlo-colitis. In the month of October, 1905, occurred an attack with vomiting, fever and pain predominant in the right iliac fossa. A physician and a surgeon of the hospital made the diagnosis of appendicitis, and the young patient was operated upon in the first days of December; the removed appendix was normal.

X. One of our confrères, a former hospital interne, has communicated to me his own case, which is as follows: For many years he was subject to attacks of constipation followed by diarrhœa. The pains were especially sharp on the left side over the course of the descending colon; later, they followed the course of the transverse colon and, in 1903, they were dominant in the right iliac fossa in the region of the cæcum. The diagnosis of typhlo-colitis was made. In April and May there occurred new attacks with vomiting, fever at 101.2 and sharp pains in the right iliac fossa. This time a physician and two surgeons made the diagnosis of appendicitis. The operation was performed the 4th of July, 1904. The appendix was healthy. The histological examination was made by a chef of the laboratory of the hospital, and the sections of that appendix showed at the time the same as the type of a normal appendix. The operation, moreover, in no way modified the return of the painful attacks.

XI. The following case, to which I particularly call attention, is one of those which has most contributed to affirm my conviction relative to the question we are considering. Here is the case: I was called in consultation in a sanatorium in la rue Blomet on a young girl who for two years has been tormented with a muco-membranous typhlo-colitis. At times, without appreciable cause, extremely painful attacks occur, in the course of which are expelled diarrhœic stools with mucosities and abundant membranes. During these latter attacks the pain has been predominant in the right iliac fossa, and the diagnosis of appendicitis was made by one of our confrères and by a surgeon of the hospital.

In consequence, the operation was proposed, and that perspective was not displeasing to the patient, who hoped to obtain from surgery a cure that the physician had not yet been able to give. In my turn, I examined the patient, who had recently passed through a violent attack. The abdomen is yielding and the walls flabby. On pressure, the pains are sharp over the transverse colon at the angle of the ascending colon, but they are still more severe in the right iliac fossa. Nevertheless that predominance of pain in the right iliac fossa does not appear to me to be at all sufficient to lead me to admit an appendicitis. I am not one of those who believes that appendicitis is the frequent sequel of entero-colitis. A long experience has proven to me that the predominance of the pains in the right iliac fossa, in the course of an attack of typhlo-colitis, is, so to speak, always imputable to the typhlitis and not to the appendicitis. To make an appendicitis there must be an entirely different clinical picture, which did not exist in the patient whom I examined. So in that young girl I made the diagnosis of muco-membranous typhlo-colitis with typhlitis predominating, and I rejected the diagnosis of appendicitis and the operation.

But our confrères were of an entirely opposite opinion; to them there was no doubt of appendicitis and the operation was decided upon. The operator very obligingly allowed one of my students to be present and he saved the appendix after its ablation. The operation was performed and the appendix was brought to me at the Hotel Dieu, where I examined it with one of my laboratory chefs, M. Jolly. The appendix was absolutely healthy, the appendicular canal and the walls sound. The histological examination was made by M. Jolly, and the long description which was given of that examination said explicitly there was no lesion. En résumé, the patient for two years had had attacks of muco-membranous typhlo-colitis with predominance of typhlitis, and, like so many others, she was operated upon for an appendicitis that she did not have.

\* \* \* \* \*

All the errors I have pointed out have the same outlines, so to speak. They may be summed up in the following manner: There are patients affected with muco-membranous or saburral entero-colitis, in whom the typhlitis is predominant. In such

cases the pain is felt more acutely in the right iliac fossa. Then, on account of hearing it said and repeated that appendicitis is the sequel of entero-colitis, one allows himself to follow a *diagnostic tendency*, fails to recognize a typhlitis and operates for an appendicitis which does not exist.

Such errors of diagnosis double the errors of operations, which are multiplied late years in an unlikely manner, especially since from both sides they have formed the habit of intrusting to a histological examination the diagnosis of certain so-called appendicites. I will explain:

One is called by a patient who complains of violent abdominal pains; he knows that he has an attack of muco-membranous entero-colitis, for he has already undergone similar attacks several times; he knows also that his condition presents no gravity, but he suffers cruelly and he demands your aid and assistance. You methodically palpate the abdomen, which you find very sensitive, notably over the course of the colon, and when you come to examine the right iliac fossa the patient cries out, for your pressure determines in that region a sharper pain than anywhere else. Then, if you are imbued with the regrettable doctrines which proclaim that appendicitis "currently succeeds" upon entero-colitis, you fall into the diagnostic tendency that I have just pointed out; you fail to recognize typhlitis, you declare to your patient that he has a complication of appendicitis, you point out to him the danger, you speak of an operation and you demand a surgical consultation. Great anxiety in the patient and in the family! In the meantime the operation is decided upon. According as the surgeon is or is not a temporizer, the operation is made, a little sooner or a little later, but on opening the abdomen your diagnosis receives a disappointment, the appendix is healthy, typhlitis has been taken wrongly for appendicitis and your client should not have been operated upon. . . .

Wait! the last word is not yet said. It is here that the microscope intervenes, and we see arise a new variety of appendicitis, the histologic or microscopic appendicitis which saves the diagnosis and the situation. From various sources, notably in several theses from our faculty, are published a number of cases of this nature, where the histological examination of the appendix unjustifiably pretends to substitute itself for all other diag-



nostics. A good number of these cases concern patients of our hospitals affected with muco-membranous entero-colitis with a predominance of typhlitis, the pauper patients who are operated upon for appendicitis which they do not have. When one reads these cases he sees that the ablated appendix presents all the attributes of a healthy appendix, but the histological examination intervenes and reveals some things upon which it is indispensable to speak plainly.

Fibrous interspaces, hypertrophies of the closed follicles and hæmorrhagic folliculitis are some of the principal histological findings with which they decorate the name of appendicitis in the *post-operative* diagnosis. But these histological findings in no way have the signification which one would wish to give them. In order to be convinced of this, it is sufficient to read M. Letulle's important work, so competent on this subject. Take at random appendices from adults who have succumbed to any disease whatever, and it is extremely rare that one does not find in these appendices some zones of sclerosis or thickening of the lymphatic follicles, particularly in the inferior segment of the organ. In such cases it is due to the quite common modifications which take place in the appendix, and must lead to the title which we give to these alterations as being so many appendicitis consecutive upon entero-colitis. Under the name of folliculitis the common hypertrophy of the close follicles from appendicitis had acquired an importance which had lasted too long. I have frequently heard the following phrase: "Did such a patient who had been operated upon really have an appendicitis?" For want of appendicitis they are content with folliculitis. We know now what should be said; that variety of usurpating folliculitis should be consigned to oblivion.

There is one more lesion which the histological examinations gives us as an integral part of these so-called appendicitis consecutive upon the muco-membranous entero-colites; I wish to speak of the hæmorrhagic folliculitis which is noticed in a large number of cases. But that interpretation is also an error; the follicular apoplexies considered as a lesion of the appendicitis are simply fabricated by the surgeon, they are the result of operative traumatism. Here is what M. Letulle said upon the subject: "I have never found hæmorrhagic folliculitis except in the *oper-*

ated appendices. The violent ligaturing to which the organ has been submitted before ablation explains very well, in my opinion, the circumscribed or diffuse sanguinous suffusions in the reticulated tissue of the follicle."

Now what is there left of the variety of appendicitis which we are considering? Nothing; it is non-existent, and yet it is this which has furnished the grossest claim to the theory which proclaims that appendicitis is currently the consequence of the enterocolites.

But if this variety of appendicitis is non-existent, I demand that the operators be good enough to tell me upon what symptoms they make the diagnosis. A patient is attacked with muco-membranous typhlo-colitis; what are the clinical indications which authorizes them to operate upon the patient? There is a question which demands an answer. We should now explain all the operative errors which are committed.

Moreover, a good healthy clinic should have been sufficient to demonstrate that it was a bad practice to operate on so many people attacked by enterocolitis; it sufficed to see what was taking place after the operations. One should have easily verified the fact that the operations cured nothing and modified nothing. If one will be so kind as to recall the cases I cited at the beginning of this communication he will see that the ablation of the appendix has in no way modified the painful attacks in the right iliac fossa; in many of these cases the painful attacks recur in the operated persons in the same spot and with the same intensity. This should have sufficed to demonstrate that the appendix is foreign to these painful attacks of the right iliac fossa, which are due to muco-membranous typhlitis and not to appendicitis.

Do the patients reap at least some benefit from the operation, and is their muco-membranous typhlo-colitis ameliorated by the ablation of the appendix? If I put this question, it is because there are not lacking authors who claim that the muco-membranous enterocolites are maintained or provoked by appendicitis; they also think that the ablation of the appendix is a means of curing the enterocolitis. Oh, well, against these authors I can say that, aside from some neuræsthenics who declare themselves relieved, the muco-membranous typhlo-colitis follows its course after as before the operation; I have made such an inves-

tigation of this subject as to leave no doubt in my mind. Nearly all the operated patients, whose cases I have spoken about at the beginning of this article, have continued to have the same painful attacks with the discharge of slime and membranes. Certain patients, whom they considered cured at the time their cases were published, some weeks or months later relapsed into attacks similar to those which had preceded their operations. Thus M. Wagon<sup>1</sup> cited the case of a child who should have been cured of its muco-membranous entero-colitis after the ablation of its appendix; but M. Esmonet informed me that the little patient had come into the care of the Chatel-Guyon for attacks absolutely similar to those which had preceded the operation.

M. Apert, our hospital colleague, saw a woman at the Tenon Hospital attacked with entero-colitis with slimy discharges on whom they had operated for an appendicitis which she did not have. After ablation of the appendix the attacks returned.

M. Deleage, at Vichy, cared for a woman in whom the attacks of muco-membranous typhlo-colitis had in no way been ameliorated by the ablation of the appendix.

M. Esmonet saw a young girl at the Chatel-Guyon on whom they had performed ablation of the appendix when she had only a muco-membranous typhlo-colitis. The attacks had continued as before the operation.

In two patients, cared for at Chatel-Guyon by M. Conchon,<sup>2</sup> appendectomy had in no way modified the attacks of entero-colitis.

During the last few years, M. Bottentuit collected at Plombières twenty-two cases concerning patients affected for a greater or less length of time with muco-membranous or saburral typhlo-colitis, and operated upon for an appendicitis which they did not have. I have before me the detailed cases of these patients; they all resemble each other; it shows that the operation has in no way modified the painful attacks, which have persisted after as before the operation with discharge of mucosities and membranes, and the patients have come to Plombières to find if the thermal cures are more efficacious than the operation.

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<sup>1</sup>Wagon, "Appendicite chronique d'embles," These, Paris, 1904.

<sup>2</sup>Ehrhann, "Rapports de l'appendicite avec l'entero-colite muco-membraneuse," Paris, 1903.

There is then a number of people [a legion of them] who belong to the same category. They have a muco-membranous typhlo-colitis, a typhlitis is not recognized, an appendicitis is wrongly believed in, they are operated upon, their disease persists, and they have gained by the operation only a scar upon the abdomen. I have named them "*the scarred.*" They make a part of the same pathological family, and upon their abdomens is inscribed in indelible characters the error of diagnosis: the scarred ones of Plombières and Chatel-Guyon!

The errors of diagnosis and the errors of operations are not known to the public, but the public is becoming restless and it says that appendicitis must be a singularly frequent disease, judging from all the persons who are operated upon. The public is ignorant of the fact that a good number of these persons did not have appendicitis; I hope that in the future it will be less ignorant.

Such errors in diagnosis strikes in a very sad way upon the lives of many people affected with muco-membranous typhlo-colitis; they are wrongly called appendicitis and an operation is suggested; from that time the patients become sad, morose and neurasthenic; they are anxious about their choice of foods, they lose flesh, they continually watch their right iliac fossæ, the constipation terrifies them; they go through all the alternatives, at one time they desire an operation, at another they dread it; their very existence is poisoned.

If I speak thus it is because I have been able to very thoroughly study this question for ten years.

How many times I have been able to positively arrest surgical intervention in persons on whom they were about to operate! Years have passed and time has proven that my diagnosis was not erroneous. How many times I have been able to quiet the patients affected with typhlo-colitis, by assuring them they in no way had appendicitis, which had been diagnosed! I have carefully collected all these cases, and they form a bundle not lacking in interest, and to speak of my cases for only that year, I have already had occasion to save from operation seven persons afflicted with typhlo-colitis in whom they had wrongly diagnosed appendicitis. I have pointed out the evil, and now the remedy must be suggested, to the end of arresting the rising wave of

useless operations. The remedy above all is to be good in semiology and to do good clinical work. In presence of patients affected with muco-membranous entero-colitis, one must recall that there exists a cæcum and a typhlitis, which appears to be too often forgotten. That is why I long ago proposed the substitution of the name of true typhlo-colitis for the defective one of entero-colitis.

A belief that must be given up is the belief that appendicitis "currently succeeds" to the typhlo-colites. The co-existence of *true* appendicitis and the typhlo-colites is, according to M. Potain, a very rare exception; it is also my own opinion. If by chance a *true* appendicitis declares itself in a subject inclined to muco-membranous typhlo-colitis, the diagnosis may present some difficulties, I agree, but these difficulties are not insurmountable and one is then authorized to perform the operation. But just as much as I am an absolute partisan of surgical intervention in appendicitis, just so much do I reject an immense majority of the cases of typhlo-colitis in which appendicitis does not exist.

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### MORE PROPHYLACTIC REMEDIES.

Editor of the HOMŒOPATHIC RECORDER:

Referring to "The Prophylactics of Homœopathy," HOMŒOPATHIC RECORDER, July, page 330, add to your list:

*Ferrum phosphoricum* when exposed to measles.

*Kali muriaticum* when exposed to diphtheria.

They may neither entirely prevent, but will so mitigate as to surprise you.

B. H. LAWSON, M. D.

850 Trumbull Ave., Detroit, Mich., Aug. 2, 1912.

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### A FRAXINUS AMERICANUS SYMPTOM VERIFIED.

Editor of the HOMŒOPATHIC RECORDER:

The following symptom from the Eclectics has been verified in my practice in two cases:

"A spot on top of head feels burning hot; scalp hot and dry. In a spot about size of the palm of hand the hair is intensely dry, so that water will scarcely moisten it. Cured by *Fraxinus Americana* 30."



I write you in order that you may put the above on record.

DR. CHAS. E. JOHNSON.

601 S. Willow St., Sherman, Texas, Aug. 14, 1912.

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**BUFFALO MEETING IN OCTOBER — HOMŒOPATHIC MEDICAL SOCIETY STATE OF NEW YORK.**

The continued activity of Dr. Willis B. Gifford, president of this organization, ensures the character of this event, scheduled for Tuesday and Wednesday, the 8th and 9th of October, at the Lafayette Hotel in Buffalo.

The various chairmen, and especially the local Arrangements Committee, are all supporting cordially the work of the president.

Every homœopath in the State should bear in mind the above dates and make plans to be present, for, after the calm of the summer, one needs a fresh stimulus for the winter's study and work.

The programme will be broad and practical; designed to put the practitioner in touch with the most recent developments and methods, but especially planned to cover the needs of the followers of the law of similars.

The local committee, under the guidance of Dr. Wm. H. Marcy, desires a large attendance of both physicians and their wives and families.

Ample attention will be given the ladies by a group of Buffalo women, under the direction of Mrs. Joseph T. Cook, with the aid of other physicians' wives and members of the Women's Board of the Buffalo Homœopathic Hospital.

The social event of Tuesday will be the informal dinner at the Lafayette Hotel in the evening. This will be a distinct and unique affair in several ways, and will include happy surprises at unexpected times and in unheard of directions. There will positively be no toasts.

Women are all invited to this and will enjoy every moment of it, for there will be something doing every minute.

On that day also the women will be shown about the city in motor cars, visiting Buffalo's charming parks and residential districts, and its famous Albright Art Gallery.

On Wednesday noon, after the morning scientific session, the physicians and their ladies will be escorted from the headquarters hotel in sight-seeing cars to the new Buffalo Homœopathic Hospital, where they will be entertained by the local profession at an informal standing luncheon, being assisted by the local Women's Committee.

Following the luncheon the guests will be shown over this, the newest and most up-to-date hospital in the country—one that any city and all homœopaths may justly be proud of. This chance for the close inspection of this hospital will, no doubt, attract many to the meeting.

The fact that Buffalo is only forty minutes away from Niagara Falls should not be overlooked. October is an ideal month for a visit to Niagara.

The Transportation Committee has arranged for a rate of a fare and 2/5 on the certificate plan, if one hundred or over attend, of which further details will be given on the official program.

A very interesting exhibit of medical and surgical specialties will be arranged in an ample parlor at the headquarters hotel, where all the sessions of the society will be held.

The management of the Lafayette is making unusual plans for the comfort of the members and at very moderate rates.

The Entertainment Committee is composed of Dr. George R. Critchlow, as chairman, with the aid of Drs. Maycock, Moseley, Pinkerton and Case.

These names are a guarantee that those who attend will have occasion to be thrice glad.

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## SKIMMINGS FROM THE OHIO TRANSACTIONS FOR 1912.

A goodly, old fashioned volume of the transactions or "proceedings" of the Homœopathic Medical Society of Ohio, Forty-eighth Annual Session. It is an excellent way for preserving the records of a society, far better than to have them scattered through the journal, but, of course, it costs considerable money to issue these volumes, and not every society has the cash. Here follow a few bits taken from this volume that may be of general interest.

**President Chas. Hoyt on the Owen Bill.**

Dr. Hoyt, who presides of things homœopathic in Chillicothe, had, among other things, the following to say of the much discussed Owen bill:

"If the bill could be so amended that the leading schools of medicine would have equal representation on the board so that one school of practice would not be given any advantage over another, then the legislation demanded by the Owen bill would be quite satisfactory.

"We naturally hesitate to knowingly and willfully place any more power than they already possess in the hands of the regular school. As it now stands, we are not even permitted a look-in on the great government layout of offices and positions which are their sole property."

Dr. Hoyt also gave utterance to the following truism, so true indeed that it is to be feared many pay no heed to it: "Our *materia medica* is our greatest stronghold"—The man who clearly sees and grasps the *materia medica* is a useful citizen. May his number increase!

**The Field Secretary.**

Some men have wondered what Arndt does? Well, let the following, in part, be the answer. It is taken from an address he made to this meeting of the Ohio men, which, by the way, was held in the charming city of Dayton:

"I was, about a year and three months ago, in the central part of one of the neighboring states, and was bitterly reproached by the leading men there because of my reactionary tendency. They said: 'Of course, we know you, and like you and love you as some of us do, but surely you are building falsely if you are trying to get the profession to go back twenty-five years in the history of Homœopathy.' All that I demanded was that they study Homœopathy, talk Homœopathy, and try to understand it, because I knew if they once understood the philosophy and practiced in accordance, something would come of it. About a year after that, in the very same territory, a large body of men wanted me to come to talk with them. I said I would go, but I was almost afraid they would hang me to the nearest telegraph pole. When I arrived there were four or five automobiles waiting, and half the boys there to meet me, and I began to breathe a little easier and

thought that the hanging time had not yet come. They had a medical meeting that morning, and in the afternoon a surgical clinic, and a brilliant one, and then one of the gentlemen said, 'We want you to come to such and such a place and talk to us, and when we get through we are going to have a love feast.' When the 'love feast' came there was talk.—talk of the brilliancy of the clinic, but all the way through there was the highest praise of one paper read during that morning meeting. Everyone was wild about it, and the wonderful effect it had produced. I made up my mind that if I had to stay until the following month I would find out what that paper was. It was a paper read by a young man on 'The Selection of the Similimum.' He followed the repertoire. They didn't hang me, but it simply showed that the seed sown the year before was growing, and had produced the faith and a love for that faith which has been handed down to us."

### **Infant Feeding.**

Dr. Lincoln Phillips, of Cincinnati, read a short paper ironically headed "An Unscientific Paper on Infant Feeding." If the true source of food, the mother's breast, fails, plain cow's milk is the next best.

"Long drawn out, ultra-scientific methods of modification 'may endure for a day,' but simplicity will endure for many days. Given an intelligent mother and nurse—and without these success is not to be had by any method—simple home methods of modification can be made to yield better results than by any other method. Good, clean, fresh cow's milk—carefully handled—proper care of bottles and nipples—a definite plan as to amount and frequency of feeding and we are ready to begin."

Further on we strike this:

"Much has been written about the high fat percentage. Personally, I use quite a large amount of cream and find my results quite satisfactory. I am partial to barley water as a dilutent (one tablespoonful to a quart—boiled down to a pint).

"I usually start the baby off with something like the following:

Cream .....	I part.
Skimmed milk .....	I part.
Barley water .....	I part.
Water .....	2 parts.
Small amount of sugar."	

**“Impressionistic Prescribing” and “The Man With the Hoe.”**

Such was the title of the paper of the philosopher of Ann Arbor, otherwise President-elect of the A. I. H., Dr. W. B. Hinsdale. Here is a specimen brick:

“Accuracy depends upon two things, first a correct impression of the drug; second, careful observation of the picture. To illustrate: Dr. A. sees a fretful child. Its history is that it has been previously well and thrifty. It was taken suddenly ill. It is ill-natured to the limit of ugliness, although when well, it was placid and pleasing in disposition. It strikes its mother in the face and refuses to be comforted after it has been passed, by its petulant request, from the arms of one caressing person to another. It seems to have nipping belly pains, now twisting its limbs into acute angles, again straightening them out with a shriek. It has watery, greenish stools and vomits bile-looking fluid. Its head is sweaty and a rosy spot blushes upon the cheek. Here are, at least, the outlines of a figure that Natrue produces often enough. There are suggestions present of several remedies, but the entire portrait is of but one individual remedy. The sweating face and greenish stool suggest *Calcareia*, but reflecting that the child is naturally vigorous and is not dyscratic, the *Calacrea* image is not there. Not observing the mentality of the child, the vomiting and diarrhœa hint at *Podophyllum*. Noting a red cheek which suggests fever, *Belladonna* comes up but should be passed over. The ugliness in the modality is in marked contrast with the mental states of *Belladonna* and the arterial throbbing pressure is wanting. The colicky nippings with doublings are the earmarks of *Colocynthis*, but the full face of the correct remedy is composed of more than ears. Casual observation might see in the face only ears, cheeks or eyebrows, but a full view of our child, which required but a little sweep of the eye, does not recognize any of these suggestions to be correct.”

Here Hinsdale dropped his supposed case, leaving some readers in the state of those who read Frank Stockton's “The Lady or the Tiger.” Further on:

“We must acquire the ability to know remedies as we know people, but the number one may know, owing to the difference in



some perceptions and mental 'recalls,' vary greatly among individuals."

Now comes a point in the paper that will not be accepted by some physicians:

"I fully understand that over and against this method of impressionistic practice there is the so-called exact method, the repertory system, which, to go to the logical limit, must carry its symptomatology to the pores of the skin and to thought waves. I admit freely that the repertory is necessary in hunting down cases presenting long and conflicting lists of symptoms. But I do not see its necessity in ordinary cases with pronounced, clear-cut, symptoms, as alarming as their portent may be. Neither do I admit that it is infallible. There are many grave errors liable to occur in its use, the mention of which time does not permit. The man with the repertory need not exercise any accuracy of memory; he is a mere accountant, the man in *materia medica* with the hoe."

In conclusion:

"Experience is our best schoolmaster; in fact, she is about the whole faculty in our post-graduate, everyday school. She quickens our perceptions and makes our impressions more accurate, and, in like proportion, raises the percentage of our effectiveness."

This paper caused more discussion than any reported in the book, a good sign that after all is said and done, homœopaths have more interest in *materia medica* and prescribing than in all the rest of the shooting match combined.

### Are Colored People Blondes?

We clip the following from the discussion of a paper on *Pulsatilla*, by Dr. W. Webster Ensey, of Dayton, O., a good paper, but like many others, does not readily lend itself to clipping. We make this clipping for the sake of the ethnological point raised:

Dr. W. M. Hoyt, Hillsboro: One point was brought out in this paper that Dr. O. S. Haines, of Philadelphia, cleared up for me one day, in giving a prescription to a charity patient. I had gone over the symptoms and there was one point I could not clear up. He cleared it up by telling me that all colored peoples are blondes. That has often helped me in making prescriptions.

Dr. Walton: That is not true of Cincinnati coons.

Dr. Hoyt: This was in Philadelphia.

### “Myocarditis.”

Such was the title of a paper by Dr. A. B. Schneider, of Cleveland, O., from which we clip the following “therapeutic hints:”

“*Aconite* is a remedy not to be passed by in chronic affections, when the characteristic anxiety and restlessness, rapid pulse, palpitation and pallor are present.

“*Arsenicum*, or preferably *Arsenicum iodide*, is indicated by dyspnœa, weak, rapid, irregular pulse; prostration; restlessness and anguish; œdema.

“*Cactus* is indicated by pain of a constrictive clutching character; heaviness and oppression of the chest.

“*Digitalis* is indicated by a feeble, irregular pulse with a feeling of anxiety and heaviness over the heart. For these symptoms *Digitalis*, in dilution, is decidedly of benefit.

“*Ferrum phosphoricum*.—Cardiac oppression; flushing of the face; hemoptysis.

“*Lycopus*.—Rapid, violent action of the heart; precordial pain; pulmonary congestion.

“*Melilotus*.—Dyspnœa and precordial anxiety.

“*Phosphorus*.—Especially in fatty degeneration with dyspnœa, precordial anxiety and cough.

“*Spigelia*.—Pain of a sharp, stabbing character, radiating to the shoulder and arm.

“*Cratægus* in 5-10 drop doses of the tincture several times daily can often be used to advantage to maintain the compensation established with *Digitalis*.”

### Hunter. Hahnemann. Syphilis.

This is clipped from Dr. C. T. Junkermann’s paper. Junkermann hails from Columbus, O.:

“John Hunter says, ‘Not one patient out of fifteen will escape syphilis, if the chancre is destroyed by mere external applications,’ and in another passage in his book he says, ‘The results of destroying the chancre ever so early, and even on the first day of its appearance, if this is effected by local applications were always the consequent outbreak of syphilis.’ Just as emphatically Fabre declares ‘Syphilis always follows on the destruction of the chancre by local applications.’ He relates that Petit cut off a part of the

labia of a woman who had thereon for a few days a venereal chancre; the wound healed, but syphilis, nevertheless, broke out.

\* \* \* \* \*

"Like in vaccination, we perceive no morbid change at the point of infection until after the disease is fully developed in the whole organism, this prodromal period starts the very moment of the infection and involves the whole body before the chancre makes its appearance, with the appearance of the chancre the internal malady is very much relieved.

"The cure of the venereal disease is effected very easily and in a most convincing manner, so long as the chancre has not been treated by external applications, as long as the chancre remains unaltered as an external symptom of the internal syphilis, and is not complicated with psora, it may be positively stated and has been proved with manifold experiences and verifications, that there is no known chronic miasm, no chronic disease springing from a miasm, that is more responsive to treatment and complete cure than syphilis.

"Sycosis (the figwart disease), as well as syphilis, when not complicated, can be readily cured, if treated in accordance with the rules and laws as given in Hahnemann's *Chronic Diseases*."

### The Possible Consequences.

This is from the paper by Dr. C. E. Sawyer, of Marion, O., entitled "The Neurotic Element in the Surgical Case:"

"A woman in middle life, perhaps in the best years of her existence, applies for some disturbance that she has discovered in the pelvic region, or somewhere within the abdomen. Careful examination shows some disturbance of the generative relations; some gall bladder trouble or a displaced kidney; a tube thickened, an ovary prolapsed, a fibroid tumor presenting, a multiple cyst existing, or the appendix may be thought to be disordered. Any or all of these, buried as they are in the deep cavities of the body, always find some question as to the absolute determination of what is really going on. And not infrequently such individuals are advised to have at least an exploratory incision. This in itself might bring about some such shock as indicated in the above cases, if nothing further were done, but ordinarily after once getting into the abdomen it is easy to note things that might be made better, and it is a difficult matter indeed to

withstand the desire to remove what seems to be already disturbed and so, naturally, with scalpel and scissors we trim off and remove and cut out much that may be in real physical danger, as well as that which we fear might become so. And in this way we set on foot a lot of nervous complications, which would never have been fired up had we stopped to consider the liabilities of the particular case."

This paper, of which the above is a sort of keynote, also caused much pro and con discussion.

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### PRACTICAL POINTERS.

Concerning *Iberis amara* the *P. C. J. of Homœopathy* says: "We lack clinical data in the recorded cases to be found in our literature. In our own experiences we have noted the following facts: When the attacks begin about 2 A. M., the patient being awakened by palpitation or violent action of the heart. No pain. Then comes a tickling in the larynx, then the throat and trachea seem to fill with mucus, which is expectorated as a white, frothy sputum. The cough is severe and causes redness of the face. Then dyspnoea is severe for one or two hours, with profuse sweating of the whole body, with coldness of the lower limbs and of the hands. The patient cannot lie, but sits up slightly bent forward. The main lesion found in the heart is dilation with evidently some hypertrophy." The 1st potency is generally used.

Van den Burg says that a pain from throat to ear is a pretty sure call for *Gelsemium*.

A bluish-white tongue is an indication for *Gymnocladia*.

Dearborn relates a case, varicose, burning, itching, with bursting sensation, of six years' duration, compelling patient to give up work. *Vipera* 12x gave complete relief, though the varicose condition remains.

Enlarged prostate, with usual accompaniments has been relieved by *Picric acid*.

"In the treatment of ivy poisoning, it is not desirable to use strong alcohol, which is apt to be too irritating to a sensitive sur-

face, but a weaker grade of from 50 to 75 per cent. is recommended. To this the powdered sugar of lead is to be added until no more will easily dissolve. The milky fluid should then be well rubbed into the affected skin, and the operation is repeated several times during the course of a few days. The itching is at once relieved and the further spread of the eruption is checked. The remedy has been tried in a large number of cases and has always proved successful. It must be remembered, however, that the lead solution is itself very poisonous if taken internally."—*Dearborn*.

Dr. J. T. Merryman, Lincoln, Neb. (*Ia. Hom. Jour.*, Aug.), in a paper on "*Argentum nitricum* in Hydrocephalus," writes that "I have found it (*Arg. nit.*) so generally useful in cutting short the disease that it is usually the first remedy that I give when a child begins to roll its head, and throw it backward and cry out in its sleep, and show the other symptoms of that dangerous disease." The 30th or 200th is generally used by Dr. Merryman, though "some other attenuation might have done as well." Other intercurrent remedies given if indicated.

"*THUJA OIL*.—I have found *Oil of thuja* as a local application will remove nearly all vascular tumors, such as epithelioma and other small tumors, especially if they be full of small veins near the surface, often called by the laity 'skin cancers.' It has the advantage of not being painful and of being clean and easily applied, but it must be applied for a month or more every day until the tumors shrink away."—*J. E. Layton, M. D., Solomon, Kansas*.—*Ellingwood's Therapeutist*, Aug.

*Apocynum can.* has been used in the past with considerable success in the treatment of Bright's disease, but unless such things get into the text-books they are lost. The dosage runs from 5 to 10 drops a day. Frequency must be left to the physician's judgment. The *Decoction of Apocynum* seems to give better results than the tincture.

This is from a paper by V. A. Baker, M. D., Adrian, Mich. (*E. M. J.*, Aug.): "Ever since my earliest practice of medicine, I have used three articles of our vegetable materia medica, which I call 'Trio,' each of which is a host of itself, and is a panacea for



most of the ills that flesh is heir to. The three remedies to which I allude and will name are: *Iris versicolor* (blue flag), *Arctium lappa* (burdock root), and yellow dock (*Rumex crispus*).” Of these the *Lappa* is for rheumatism, especially of the joints; the *Iris* for skin diseases, especially syphilis, and the *Rumex* for troubles of the mucous membranes, such as catarrh. The best results follow the use of the fresh plant tinctures. As Baker is an eclectic he gives material doses.

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## BOOK REVIEWS.

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HERSELF. TALKS WITH WOMEN CONCERNING THEMSELVES.

By E. B. Lowry, M. D. 221 pages. Cloth, \$1.00. Chicago: Forbes & Company. 1912.

TRUTHS. TALKS WITH A BOY CONCERNING HIMSELF. By E. B. Lowry, M. D. 95 pages. Cloth, 50 cents. Chicago: Forbes & Company. 1912.

The fault of these books, like all of their class, is that they point out many wrongs but do not really tell the reader how to right them. For instance, it tells us that only about five per cent. of marriages are successful, but really does not tell how ninety-five per cent. may be righted beyond some general moralities, and that the girls and boys ought to be taught, and, naturally, the thought arises that this is what these books are presumed to do. “Every day,” writes the author, “we see examples of heart-breaking misery caused by lack of knowledge of the proper means of prevention,” but the reader is not enlightened on the subject—but that is an unfair criticism perhaps. Again, “Until our marriage laws are adjusted, that there are no unequal marriages, the question of divorce will always be eminent.” How is a legislative act to remedy matters? Still for all this, and more that might be quoted, the books at least will start the young, who read them, to thinking—perhaps. The imperious sex desire is one that little brooks instruction or guidance when it seizes either young or old. There is this to be said on the subject of instruction, namely, that were a perfectly frank book to be written, one that put the subject so that even the innocent could easily comprehend, it would probably be excluded from the mails and eagerly sought by the libidinous.

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## EDITORIAL BREVITIES.

DIPHThERIA IN MANILA.—“From the end of the fiscal year (June 30), 1911, to date (April 2, 1912), there have been reported in the city of Manila 39 cases with 12 deaths, which is a case fatality of 30.77 per cent. The fatality rate is altogether too high, considering that diphtheria antitoxin was used in all but 2 cases, which were reported only after death.”—*Public Health Reports*, June.

This high death rate is explained by the fact that the patients did not receive the diphtheria antitoxin soon enough. Would it not be well for the medical authorities to look around for a remedy that would save patients after the disease is developed? To rest in a remedy that, to be effective, must be given in the earliest stages of the disease hardly seems to be in accord with the spirit of the 20th century.

The same account states that before the Americans took possession the disease was very rare. The fault of its steady increase is laid on “carriers.” This may be true but when one considers that the remedy is the serum of an animal who has been saturated, so to speak, with the poison of diphtheria, one can hardly help speculating as to whether it has not something to do with the matter. Every medicated serum, if one may use the term, is obtained from an animal that has been, to a certain extent, poisoned by the virus of the disease its serum is supposed to cure or prevent. “Virus” is an out-of-date term, but unless one really believe that the various bacilli are living, independent creatures, it seems to be but a matter of words whether you say “virus” or “bacilli.”

LOST PROFESSIONAL CREDIT.—The text of the annual address of Dr. F. T. Rogers before the Rhode Island Medical Society was this: "How shall we regain the respect and feeling of security and confidence in the medical profession which was such a strong factor in human life a hundred years ago, but which now is unfortunately lacking?" The answer in the address is that it can be done. "When we can lift our profession above the plane of commercialism, when we can conduct ourselves without petty squabbles of medical politics, of schools and isms, without personal animosities, when we can do away with the evils of fee-splitting, when we are not open to the charge of hasty and ill-advised operations, of faulty and incorrect diagnosis for personal gain, then may we begin the fight against the forces which are a menace to public health." This confession surely exonerates the public for its present lack of confidence in the regular doctors.

RABIES.—Our excellent contemporary, *Public Health Reports*, for July 12, contains a paper on Rabies in 1912. Among other things it says: "The most striking feature of the figures shown in this table is the spread of rabies to the Pacific Coast States, which were apparently entirely free from the disease at the time of the former investigation. Another feature of interest is the greatly increased number of localities from which the disease, in man or animals, was reported." This calls to mind what the Paris wits said shortly after the Pasteur treatment for hydrophobia had been introduced into that gay capital—"How remarkably the disease has increased since the introduction of the treatment!"

You know what they say about the reading of the patent medicine advertisements. These Pasteur Institutes (they have one recently established in California) seem to have the same suggestive effect.

DOESN'T THE ONE EXCLUDE THE OTHER?—"The homœopathic law of cure is but a part of therapeutics, although its prominence there cannot be questioned, and millions have testified to the efficacy of its use for the relief of their ailments.

"The allopathic school has done splendid work in developing the scientific branches of medicine and also in the line of preventive medicine.

"The eclectics with a real belief in their *materia medica* have achieved positive results in therapeutics, and the later arrivals on the stage of the healing art, osteopathy and Christian Science, can show good results from the application of their special methods.

"The welding of these into one homogeneous mass is necessary for the complete expression of the healing art."—*From President Carmichael's A. I. H. Address, Pittsburgh.*

NONE OTHERS NEED APPLY.—This is clipped from a paper by Dr. G. L. Servoss in *Pacific Medical Journal* for August: "The Senator (Works) says that the United States demands that the medical forces of her Army, Navy and Public Health Service be doctors of the dominant school. There is a reason for this. Primarily such men are invariably broad-minded in the fullest acceptance of the term. They are scientific, in that they understand the matters in hand, be it sanitation, hygiene or the treatment of the sick or maimed." That is frank. All medical legislation is for the benefit of the people—of course—but no one must have a hand in executing the medical laws but the doctors of the "dominant school." Many amiable homœopathic physicians help along the dominant ones in getting medical legislation passed on the fond belief that "we are all brothers working for a common end." So they are until the "bills" are passed, then they are brothers only in the Pickwickian sense, while professionally they are "irregular practitioners" who are a "menace to the public."

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### NEWS ITEMS.

Dr. Roland du Jardin has removed to 120 E. 120th St., New York City.

Dr. Willoughby W. Sherwood has removed from Chicago to 412 S. Poplar St., Peoria, Ill.

Dr. C. E. Fisher has been nominated for Congress—Congressman-at-Large—by the Roosevelt party of Colorado. At the Pittsburgh meeting of the A. I. H. Fisher was bubbling over with enthusiasm for T. R.

Dr. Roland du Jardin has removed to 120 E. 86th St., New York City.

## PERSONAL.

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Some men demand "the whole truth no matter where it leads." Perhaps they might dodge if they had it, for it's fierce in some respects.

"Sects" are necessary to prevent professional atrophy.

"Reform" almost rhymes well with "chloroform."

Get on to "aggressins" = "a substance assumed to be an endotoxin."

Endotoxin = "a toxin elaborated by a micro-organism within its substance."

Micro-organism = a microscopic plant or animal, a bacterium or protozoon."

Science = "knowledge of principles."

Laboratory methods make good the old saying of "trying it on, the dog."

"Every time you win you get into a tougher class to win against."

The medical science of yesterday is but the exploded superstition of to-day, while that of to-day—?

"Houses within flying distance of a railroad should be well screened as flies contaminated by excreta from trains may gain access."—*Health Item*.

"Frogs do not die," says Claude, "they croak."

"No one, not even Clarice, who is one of them, can swallow Christian Science," said sweet Alice, and looked as if she thought it smart.

It is said that wild women cannot talk and that they are wild because of the fact, like their civilized sisters.

Learn bridge, girls, for time marches on!

It seems contradictory to spend millions to save the "undesirables" from death and then to deny them the right of marriage.

According to *Life* the best weather profits are the ice and coal trusts.

"Nothing escapes him!" as the debtor said when the millionaire's constables seized his goods.

It is whispered that many future autoists out to kill time will have to do time.

Many writers write of their day "this is a transitional period," but fail to tell us whither transiting.

Sweet Alice writes us "I know that all Pittsburghers are *not* millionaires."

Too much competition spells all-round bankruptcy.

"Hot air treatment for diphtheria." *Jama* headline. There are several of them.

A Reform Party, like a volunteer fire department, though containing good material, is not always on the job.

"The people should rule." What about the minority party?"

"Keep away from a green snake," said a *Life* lady, "for it may be as dangerous as a ripe one."

Claude spent considerable valuable time in hunting for a book entitled "*Ibid.*"



# THE HOMŒOPATHIC RECORDER

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## THE BASIS OF MODERN THERAPEUTICS.

The *Monthly Encyclopædia* for August prints the Presidential Address of Doctor Blackader, of the McGill University, Canada, delivered before the American Therapeutic Society at last meeting. It is interesting, hopeful of the future, but sees the past of therapeutics, so far as the allopaths are concerned, in their true character, which is as Hahnemann limned them, though, if anything, worse. When one considers the millions who have suffered, and are still suffering, from this medication which, according to Dr. Blackader's quoted authorities, is about as bad, or worse, than the disease, one's confidence in the wisdom of a reputedly learned profession, and in that of mankind, receives a rude jolt. And his quoted passages concerning the present, about which the president is somewhat, but not enthusiastically, hopeful, are decidedly cynical, as, for instance, this from an "eminent American pharmacologist:" "A generation ago therapeutics was an art promising to develop into a science. At present it cannot be classed as an art, certainly not as a science; it can only be regarded as a confusion." Another, an English physician, is quoted to the effect that while surgery has gone ahead by "leaps and bounds, general medicine has been standing comparatively still," what improvement there has been consisting in better diagnosis and "on the lines of elucidating the cause of disease." Magendie, when taking the chair of therapeutics in the College of France (though this is not quoted in the President's Address under consideration), said:

"Let me tell you, gentlemen, what I did when I was head physician at the Hotel Dieu. Some three or four hundred patients passed through my hand, every year. I divided the patients

into two classes. With one I followed the dispensary and gave them the usual medicines, without having the least idea why or wherefore; to the other I gave bread pills and colored water, without, of course, letting them know anything about it, and occasionally, gentlemen, I would create a third division, to whom I gave nothing whatever. These last would fret a good deal; they would feel they were neglected unless they were well drugged (*les imbeciles*), and they would irritate themselves until they got really sick. But Nature invariably came to the rescue, and all the persons in this class got well. There is a little mortality among those who received but bread pills and colored water, and the mortality was greatest among those who were carefully drugged according to the dispensary.' ”

The public with the true, but instinctive, belief that there is Balm in Gilead demanded it and received that which was no balm but, instead, that which was worse than nothing, and, according to Dr. Blackader's quoted authorities, are receiving to-day that which is but little, if any, better. During all this period they could have seen the therapeutic marvels of Homœopathy, but they turned their backs on it and pursued a science which is “certainly not a science” to-day as it was not in any of its phases in the past, according to the man quoted approvingly by the president.

Dr. Blackader lightly touched on his own long experience—bleeding, mercury until the gums were touched, tartar emetic in pneumonia, Leibermeister's 20 to 30 grains of quinine in toxic cases, “and it was but yesterday that I have plunged my patients, to quote Osler, ‘sizzling hot into a bath of iced water’ for a quarter of an hour at a time, and watched them, all cyanosed, shiver and chatter in a vain attempt to regain at least comfort.” And then he wonders if forty years hence the student of to-day will look back with the amazement with which he now looks back. Evidently, like Magendie, to again quote that authority, he regards the medicine of the past as “a humbug,” and is not so very sure but that the medicine of to-day will be so regarded in the future.

The ray of hope in to-day's therapeutics is outlined in the following, which seems to be more poetic than scientific: “Is there a more interesting story written than the description by Ehrlich of the struggle between the invading parasites and their unfor-

fortunate host; of the parasites with their toxins, their mutations, and their dodging into dark and hidden places to avoid attack, and, on the other hand, of the gradual development of defensive powers by the host, till finally, by means of his phagocytes, his antitoxins and antiendotoxins, his amboceptors, his agglutins, and, lastly, by his opsonins, he attacks, and given a fair fighting chance, defeats the invaders?"

Here we have a picture of disease in a human being limned by science as she is taught by a shining light, Ehrlich. The bad bugs invade the man and are endowed with intelligence enough to hide in "dark and hidden places to avoid attack" by the good bugs! And the patient, with the totality of his symptoms, mode of life, occupation, heredity, etc.? Oh, he is but a battle ground on which the good and the bad, but highly intelligent bugs, meet and fight with apparently the physician standing by acting as bottle holder to the good ones. It is a vivid picture of the fashionable medicine of to-day in the presence of which Hahnemann's *Organon* looms up out of sight of the bug's bottle holders.

In conclusion, it is safe to predict that the student, forty years hence, will be apt to look back with amazement at the theory he is taught to-day, that human disease is merely a division of entomology.

Look where you please, the only trace of science in medicine is in Homœopathy.

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### UNDERLYING CAUSES.

The *Jour. A. M. A.*, August 17, contains a paper by L. Duncan Bulkley, New York, on diseases of the skin, that shows that some men at least are beginning to see what Hahnemann saw and related in his *Chronic Diseases*—the "miasms," a word little used to-day but what it stands for is still in evidence as witness this from Dr. Bulkley's paper:

"I say 'underlying causes,' for I recognize fully the local agencies, parasitic, microbic and others, which produce many of the lesions on the skin; but the fact remains that there must be some condition of the system or tissues which often escapes detection and which either renders the skin susceptible to local disease or directly excites it thereto; for but few of the diseases ap-

pearing on the skin are like small-pox, in which the poison secures immunity from another attack. We have learned that all of us are exposed to the infection of tuberculosis almost daily, and yet very few are seriously affected, and in like manner pus cocci are well-nigh omnipresent, though relatively few persons are afflicted with boils, carbuncles or pus infections.

"The thoughtful physician seeks, therefore, to know why it is that these exogenous etiologic elements should produce an eruption in one individual and not in others, and why the same individual may at one time escape and at another time suffer from their baneful influence. True science should look deeper than local causes in a large share of many kinds of diseases, both of the skin and other portions of the body, and the careful study of metabolism is throwing great light on the true pathogeny of many affections, including some of those of the skin. As the study of metabolic disturbances progresses, illumined by careful volumetric analyses of the urine, that true indicator of the state of the arterial blood, it will become more and more apparent that successful practice will depend on the careful recognition and treatment of disordered systemic conditions, with due regard to local causation."

## EVILS AND WOES OF VACCINATION.

By John W. Mullin, M. D., Wilmington, Del.

*Mr. President, Fellow Members of the Homœopathic Medical Society of Delaware State and Peninsula, Ladies and Visitors:*

Vaccination was the subject chosen by your Essay Committee for this meeting, as being appropriate to both time and place, for a full and free discussion of this world-wide important topic.

The essayists who have preceded me have already spoken to you of "The History of Vaccination" and of "The Uses and Benefits of Vaccination," and they both have performed their duties well.

To me there is left the pessimistic side of this question for discussion, and I willingly approach the task because of my deep, conscientious conviction that the fruit of vaccination is too often death; and more often conditions worse than death.

Vaccination stands on logical grounds. It cannot serve two

masters; either it is a perfect smallpox prophylactic—a God-send to poor, suffering humanity, as claimed by Jenner and his partisans, or it is the product of a disordered imagination,—veneered with the pretense of human benefaction, unnatural in reason, unsound in doctrine, unsanitary in practice, and, lacking all virtue, it possesses naught but the venom of disease, with the sting of death.

That there should *be* two sides to this question of virtue in vaccination is indeed a sad commentary on the noblest art of man, and sadder still is it to know that in this age of twentieth century civilization a part of the medical profession still worship at this shrine born of superstition, in total ignorance of the fact that their idol, vaccination, has been dethroned by the agency of human reason and revealed truth.

For "truth wears no mask, bows at no human shrine, seeks neither place nor applause; she only asks a hearing."

When considering the merits of a scientific question fraught with so much importance to the human race the medical profession should approach the subject with an impartial mind open to the conviction of reason, as will result from a correct consecutive study into the history and pathology of the natural diseases, smallpox and cowpox, and the so-called smallpox preventive, vaccination.

Indeed it is with regret that I am constrained to make the statement that practitioners of medicine, as a class, are almost totally ignorant of this subject, at least in so far as having knowledge of the complete history of vaccination and the derivation and composition of the virus.

Nearly all of our text-books have taught us that the Jennerian rite is correct in doctrine, and that the inoculation of vaccine virus is a true and harmless preventive of smallpox, and that when once perfectly inoculated the subject is rendered immune for life.

It is only natural that the physician, as a student of medical knowledge, should freely absorb the beliefs of such teachers without question, many of us not having time or opportunity to learn aught of the exact truth or error which may have influenced the pen of the author.

Consequently if such author were misled in his opinion, when



sufficient time had not elapsed to fully prove the truth of his teaching by the practical results observed, the error will naturally be accepted as truth till a later and more complete analysis be made of the subject, which will harmonize the truth with the experience of men.

It is due to this state of affairs, I think, that there exists today a single living advocate of the vaccination theory, and for this cause "ignorance is the mother of such devotion."

Let us now for a moment take a retrospective view and look into the conditions which led up to the advent of vaccination.

Prior to the birth of the vaccination theory smallpox inoculation was the means used to render immunity from further attacks. This method was practiced, by all nations, without the medium of the cow.

The earliest known history of smallpox inoculation we have is probably that the custom originated in Circassia and other countries bordering on the Caspian Sea, where it was practiced entirely by old women, though some claim that India was the birth-place. It was introduced into England in 1721 by the influence of Lady Mary Wortley Montagu, who in 1717 had had her little son inoculated while residing at the British Embassy in Turkey.

But this practice of variolous inoculation, after an experience of over one hundred years in England, with varying and often fatal results, aroused much opposition, for it was found that the mortality of smallpox was not only increased, but that the artificially produced disease even provoked epidemics by its infection, and spread the smallpox far and wide.

These results were so disastrous that the British Parliament made the custom a penal offense in 1840, but chiefly through the influence of the advocates of vaccination.

In 1798 Edward Jenner promulgated his new theory of vaccination or cowpoxing, which consisted of inoculating the human subject with the virus obtained from the pustules found on the teats of milch cows suffering from the disease known as cowpox. In 1802 he petitioned Parliament to reward him for his discovery in these words: "That your petitioner having discovered that a disease which occasionally exists in a particular form among cattle, known by the name of the cowpox, admits of being

inoculated on the human frame with the most perfect ease and safety, and is attended with the singularly beneficial effect of rendering through life the persons so inoculated perfectly secure from the infection of the smallpox."

Notwithstanding Jenner's claim to priority of discovery, the custom was known and practiced some years in advance of his announcement by Benjamin Jesty, in 1774, and others.

Cowpox, according to Jenner's theory, was the result of contamination of the cow by the irritating pustular discharge from the horse's heel, a condition known then as the "horse-grease" (but which really was horsepox), he claiming that the men who dressed the horse's heels transmitted to the teats and udder of the cow the malady known as cowpox. Moreover, he believed this same horse-grease was responsible for the origin of smallpox, and naturally, on this basis, reasoned his analogy between cowpox and smallpox.

Failing to recognize that cowpox and smallpox are separate and distinct diseases, because of their (to him) similar origin, Jenner yet says in his review: "Although the cowpox shields the constitution from the smallpox, and the smallpox proves a protection from its own future poison, yet it appears that the human body is again and again susceptible to the infectious matter of cowpox."

The horse-grease origin of cowpox was not accepted by Frazer, one of Jenner's contemporaries, who claimed that when cowpox developed in the cow it was due to the contagion of smallpox from the hands of milkers afflicted with this disease, whence cowpox was re-named cow smallpox.

This pathological error is given in our text-books today, that cowpox originates from milkers suffering from smallpox, and that cowpox is therefore modified smallpox, from having passed through the cow. However the numerous outbreaks of cowpox, from which "vaccine lymph" has been procured, prove conclusively the error of this belief, from the fact that the source cannot be traced in any single case to human smallpox. That cowpox and smallpox are totally different and distinct diseases is easily seen when, by comparison, we find cowpox arises from filth contamination independent of both horse-grease and smallpox. Cowpox is manifested first by local eruption, followed by

constitutional effects; whereas smallpox shows first the constitutional symptoms, followed in two or three days by eruption.

Numerous attempts have been made to produce, artificially, human smallpox in the cow by inoculating the virus from the pustule, but the results of such experiments were invariably negative, proving the cow to be insusceptible to the constitutional effects of human smallpox. On the other hand, medical men do not need to be told of the liability of the human family to smallpox when inoculated with the virus of this disease.

Cowpox, then, besides being separate and distinct in character from smallpox, is also dissimilar in constitutional symptoms, and cannot be the "smallpox of the cow," as currently believed and as taught in the text-books for the past century.

A study of the history of the origin of cowpox will prove conclusively that it is nothing more than a locally produced disease, affecting milch cows, due to the unclean hands of the milkers, who may be themselves afflicted with some chronic disease other than smallpox, thus producing in the cow a form of blood poisoning known as cowpox.

A tenet of natural law, known to the science of medicine and taught by Hahnemann, is that no two *dissimilar* disease forces can exist actively in an animal body at the same time, for the stronger of the two always suspends the weaker; but they never cure each other. Furthermore when the stronger disease force has spent itself the weaker one continues its action. This scientific fact of natural law *alone* demonstrates irrefragibly the inefficiency of cowpoxing to prevent smallpox.

The evils of vaccination, however, do not end with this inefficiency, but rather are they just beginning; for it matters not whether the virus used be from the cow, the horse, or the fifth removal from the calf originally inoculated with smallpox pus, the source and composition of such virus is a product of disease and can but breed disease.

Do you tell me the physical fortification of a healthful being can be strengthened by inoculating the blood with a disease product? Can a perfect square be made more square or a perfect circle be made more round? To try is but to fail.

It has been aptly said that "cleanliness comes next to Godliness," and the field of modern operative surgery teaches that

cleanliness is not only the price of success, but often the price of life. Even the patriarch, Job, in his day was not unmindful of the benefits of cleanliness, for he asks and answers the question: "Who can bring a clean thing out of an unclean? Not one!"

But the advocate of vaccination solemnly declares to the world, in effect if not in word: "Thou shalt *not* be clean, for cleanliness is the route to smallpox, and smallpox may exterminate the race."

How mixed in his reason is the man of wisdom!

And by what process of mental evolution and common sense can the doctors of medicine banish the scourge of yellow fever from a city, by methods of cleanliness and sanitation, at one time, and prevent or overcome smallpox epidemics by the liberal inoculation of filth, on other occasions?

Imagine, for a moment, that the vaccination theory had never *been* advanced, and to this body of assembled intelligence, educated, as it is, to the present standard of scientific sanitation, some one of us were to make the startling announcement that a drop of pus, contaminated by the venom of syphilis, injected into the circulation of a healthful person, would render that person immune for life from smallpox. How, think you, would the announcement be received? To my mind it would be received, and justly so, as would the idle vaporing of a mental degenerate.

And yet Mosely and Birch, contemporaries of Jenner, recognized the affinity of cowpox to syphilis, and in 1865 the strong analogy between the two diseases was observed and commented upon by Auzias Turenne.

But what say our eminent investigators of the present day—those of unbiased mind?

Dr. Charles Creighton, of London, an eminent authority on pathology and the most eminent authority on epidemiology, was selected by the compilers of the ninth edition of the *Encyclopædia Britannica* to write on the subject, "Vaccination." From being a firm believer in the custom, his special study of the subject revolutionized his faith, and the result was a fifteen-column article against vaccination. Speaking of cowpox, he says: "The real affinity of cowpox is not to the smallpox, but to the great-pox" (syphilis).

On the strength of Dr. Creighton's article in the *Britannica*, Prof. Edgar M. Crookshank, an eminent biologist, of King's College, London, devoted two years to the study of the pathology of cowpox and its history, and its relation to vaccination, and the result of his researches caused him to renounce *his* faith in vaccination and to support Dr. Creighton's conclusions, in a two-volume production *against* the theory, entitled "History and Pathology of Vaccination," and in volume I. he says: "Inoculation of cowpox does not have the least effect in affording immunity from the analogous disease in man, syphilis, and neither do cowpox, horsepox, sheeppox, cattle plague, or any other radically dissimilar disease, exercise any specific protective power against human smallpox."

Professor Crookshank testified before the British Royal Commission on Vaccination that we have no known test by which we could possibly distinguish between a lymph which was harmless and one which might be harmful to the extent of communicating syphilis; and that he did not know of any kind of test, of any character whatever that he could apply to a lymph tube, which would enable him to ascertain that it was not harmful to the extent of communicating syphilis.

Dr. Hubert Boens, of the Belgian Academy of Medicine, traced an outbreak of syphilis to vaccination. The virus used was procured from a herd of cows, near Brussels, having cowpox, and upon investigation it was found the cows had been milked by milkers suffering from syphilis. In speaking of this Dr. Boens says: "Whenever the sores produced on cow or vaccinated child were effective sores the cow was found to have been attended by a groom having syphilitic sores on his hands."

Even the German Vaccine Commission reported 750 persons syphilized between 1880 and 1884, and outbreaks of syphilis due to vaccination.

Professor Fournier, of France, holds that vaccination can produce no characteristic sore, save from a syphilis-poisoned quill, and says: "A real and serious danger incurred in vaccination is that every individual is destined to undergo, one or several times in his life, the danger of vaccinal syphilis."

We could multiply evidence of this character, the opinions of eminent men of the medical profession, who not only see the



analogy between vaccinia and syphilis, but also deplore the continuing conditions that can but add, in the future, to the woes of mankind.

When we consider from the basis of syphilitic origin what other numerous ailments spring, it is no wonder that cancer, consumption, paralysis, cerebral and spinal disturbances, and destruction and ulceration of the human bones are on the increase even faster, in proportion, than our population. And all we get in return for this needless sacrifice of health and life is the promise that through the "benign" and "beneficent" influence of vaccination we *may* escape the small-pox, a disease so rare under good sanitary conditions and cleanliness that we may not only be spared its loathsome influence, but obliterate it entirely. And should sanitation, separation and isolation of our smallpox victims (a system for preventing smallpox suggested by Haygarth in 1777, prior to the advent of cowpoxing) not rid us of this disease, let us, if need be, die a moral death rather than transplant this loathsome swine-lover's malady into the blood of our loved ones, as the price of earthly living. Moreover, to thus contaminate the life-current of mortal man is a denial of his *right* to perfect health, and the law or custom that supports such an unholy superstition can be paralleled in criminal tyranny only by an edict that denies the right of human chastity.

The evils of vaccination are beyond the comprehension of the unthinking and of those who practice the custom in ignorance of the true history and pathology of the subject because of their retention of faith in the opinions of the earlier authors of our text-books. We should remember, however, that the opinions of the wisest men of past generations, in favor of vaccination, if in opposition to the facts recently ascertained, must be erroneous and without authority; and the greater the probability of harm to humanity by the continued action of those erroneous opinions the greater is the need of haste, on the part of those holding such views, to study the subject for themselves in the light of truth as revealed by the new knowledge and proven by latter-day experience.

The evils of vaccination may, for convenience of study, be demonstrated under a declaration of three proven facts:

First. Vaccination affords no security against smallpox.

Second. Vaccination introduces new diseases into the human system and renews old diseases.

Third. Vaccination is often fatal to life.

We will now consider some of the evils of vaccination and demonstrate the truth of these declarations in the order outlined.

When Jenner heralded his "discovery," his first and most positive claim for vaccination was that of absolute immunity for life against smallpox, from *one* inoculation of the cowpox virus. He further claimed that the ultimate result of the practice would be the annihilation of smallpox. But when informed of the numerous cases of smallpox following vaccination he claimed the inoculations were "spurious" vaccinations. Later, however, he became, himself, thoroughly cognizant of the failures of perfect vaccinations to prevent smallpox, for he advised the removal of the smallpox inoculation test and the substitution of the test of exposure to smallpox contagion, claiming then that the former was unfair, though at first he courted and used the smallpox inoculation test to prove the worth of his theory. Since Jenner's day, however, the theory of vaccinationists is that effective protection can be obtained only by thorough re-vaccination, "repeated until it no longer takes," at short intervals, of a year, or of a few weeks when in presence of infection, which is, of course, the only time when any protection is required.

And what is the result of such protective methods?

I shall not burden you by quoting lists of statistics that prove the ineffectiveness of vaccination, though they are many and conclusively prove the point, because this method of argument is not sufficient proof to those of opposing opinion, when such statistics are formulated and computed by those friendly to the cause of anti-vaccination. I prefer, however, to quote the statistics formulated by the officials of the Japanese Government, a country where all the inhabitants are by law compelled to be vaccinated and repeatedly re-vaccinated. Dr. John W. Hodge, of Niagara Falls, N. Y., an estimable gentleman of my acquaintance and a conscientious man, has made a special study of this question as affecting the Empire of Japan. In writing on the subject, among other things, Dr. Hodge says:

"Japan is one of the most completely vaccinated and re-vaccinated nations of the world. In the year 1872 a law was

passed making vaccination in that country compulsory. Notwithstanding the rigid enforcement of that law Japan subsequently suffered many thousands of deaths annually from smallpox following 'successful' vaccination.

"Pro-vaccinists, far from being dismayed at this death-roll, insisted that it might have been avoided if every individual, instead of having been but *once* vaccinated, had been *re-vaccinated*.

"The Legislative Chamber, therefore, in the year 1885 passed another and more stringent law whereby re-vaccination, repeated every five to seven years, was made compulsory. In pursuance of this law 25,474,370 vaccinations, re-vaccinations and re-re-vaccinations were officially recorded as having been performed in Japan between the years 1886 and 1892, which means that about two-thirds of the entire Japanese population, already well vaccinated under the provisions of the law of 1872, were re-vaccinated within the period above stated. It does not seem possible that the most ardent pro-vaccinist could desire more than this. What was the result of this enormous amount of re-vaccination? The official Government records show that during the seven years which intervened between 1886 and 1892 Japan suffered 38,979 deaths from post-vaccinal smallpox, while 156,175 cases of vaccinated smallpox were officially notified. This was a case-fatality of nearly 25 per cent., which greatly exceeds the smallpox death-rate of the pre-vaccination epoch, when nobody was vaccinated.

"By the provisions of the compulsory law every infant born in the Empire of Japan must be vaccinated within the first year after its birth. In case the result of this primary vaccination proves to be unsatisfactory the vaccine operation must be followed by three additional vaccinations within the year. Even if the result of the primary vaccination proves 'successful' and entirely satisfactory, vaccination must be repeated after a period of from five to seven years thereafter. In the event of an outbreak of smallpox the Japanese authorities rigidly enforce general re-vaccination irrespective of previous vaccinations and re-vaccinations.

"In spite of these stringent requirements in respect to re-vaccination and re-re-vaccination of the entire Japanese population, what has been the result? Let the official Government

statistics bear testimony: During the sexennial period (1892-1897) Japan had 142,032 cases of post-vaccinal smallpox notified, 39,535 of which cases proved fatal. In a single year (1893) 41,898 cases of smallpox were officially notified, 11,852 of which proved fatal."

I may add to what Dr. Hodge says that from 1886, when the present law went into effect, to 1908 there were 288,779 cases of smallpox officially notified in Japan, of which 77,415 were fatal, giving an average case-rate mortality of nearly 27 per cent. But in the last two years of this 23-year period, when the population was presumably better protected by re-vaccination than during the earlier years, the mortality reached its maximum, having been more than 42 per cent. in 1907, and more than 32 per cent. in 1908. During the latter year the reported cases numbered 18,067, with 5,837 fatalities. . . .

"Are the Japanese statistics evidence that vaccination or re-vaccination prevents smallpox in the duly vaccinated? On the contrary, are they not stern witnesses bearing emphatic and unimpeachable testimony against the unreasonable claim that vaccine inoculation either protects from smallpox or mitigates its severity in the duly vaccinated? . . .

"In Japan there is no opposition to the compulsory vaccination law, which is rigidly enforced upon all alike. . . .

"In 1906, at the jubilee dinner of the Incorporated Society of Medical Officers of Health, of England, Baron Takaki, of Japan, said: 'There are no anti-vaccinationists in Japan. Every child is vaccinated before it is six months old, re-vaccinated when it enters school at six years, again re-vaccinated at fourteen years of age when going to the middle school. The men are re-vaccinated before entering the army, while a further re-vaccination is enforced whenever an outbreak of smallpox occurs.' . . .

"Vaccination is done with lymph from calves only, which is procured from vaccine establishments owned and controlled by the Japanese Government, and which is distributed gratis."

That vaccination fails to prevent smallpox is nothing new. In 1818—during Jenner's time—Dr. Monro, of Edinburgh, reported numerous cases of smallpox in perfect form following vaccination in perfect form.

In 1825, 147 vaccinated persons were admitted with smallpox into the London Smallpox Hospital. In 1828 a severe epidemic broke out in Marseilles and 2,000 vaccinated persons caught the disease.

"In the well vaccinated population of Copenhagen, from 1824 to 1855," 3,839 persons were attacked by smallpox, of whom 3,093 had been vaccinated.

Mr. Marson, of the Highgate Hospital, recorded 3,094 cases of post-vaccinal smallpox treated by him between 1836 and 1851, and a further series of 1,661 cases between 1852 and 1867.

Dr. Gayton, during the years 1870 to 1883, treated 8,234 cases of smallpox in vaccinated persons in the hospitals of the Metropolitan Asylums Board.

At Sheffield, in 1887-8, 5,035 vaccinated persons were attacked by smallpox.

In the London Smallpox Hospital, Mr. Marson and Dr. Monk report the percentage of vaccinated persons among the smallpox patients in the following table:

<i>Year.</i>	<i>Post-Vaccinal Smallpox Cases.</i>			
1826 .....	38	per	cent.	of total.
1835-45 .....	44	"	"	" "
1845-55 .....	64	"	"	" "
1855-65 .....	78	"	"	" "
1878-79 .....	93	"	"	" "
1885 .....	93	"	"	" "
1888-91 .....	100	"	"	" "

These English statistics are from the final report of the Royal Commission on Vaccination, in compulsorily vaccinated England, and these figures are sufficient of themselves to show the uselessness of vaccination.

Of the new and re-newed diseases introduced by vaccination we will say a few words.

The death rate of the school age of from 6 to 15 years is about 6 per cent. of the total deaths. Children of this period of life are naturally immune from fatality because of vigorous vitality, and as this is the school age in this country, when vaccination is imposed by compulsion, we will look for a moment into the relative consequences.



The pathological result of vaccination called "Vaccina" is at once inflammatory and suppurative, and we must look for those diseases of a like nature as being the most likely sequelæ of such constitutional effect. Hence, we will mention in this list scarlet fever, diphtheria, meningitis, pericarditis, endocarditis, broncho-pneumonia, appendicitis, cancer, phlegmon, erysipelas, pyæmia and tetanus as diseases of internal and external inflammatory and suppurative character, to which we will add typhoid fever, acute rheumatism, Bright's disease and tuberculosis.

Until the last few years, many of these diseases were seldom found in children of this age, but all of them are now commonly observed.

That vaccination is too often fatal in its results may be seen in the New York City Board of Health Reports, where we find, in 1904:

303	died of	scarlet fever,
470	" "	diphtheria.
715	" "	tuberculosis of lungs,
120	" "	acute rheumatism,
1,197	" "	meningitis,
313	" "	heart disease,
717	" "	pneumonia,
183	" "	appendicitis,
112	" "	Bright's disease,
100	" "	nephritis,
25	" "	cancer,
5	" "	phlegmon,
5	" "	erysipelas,
5	" "	pyæmia,
11	" "	tetanus, and
2	" "	small-pox.

These cases were all between the ages of from 6 to 15 years, or the school age.

The "foot and mouth disease" is noticeably a direct result of vaccination, and has been traced to vaccine laboratories by the United States Government. It is characterized by many symptoms common to both small-pox and diphtheria, in that many blisters or vesicles form on the feet and in the mouth, pharynx and throat, which break open and suppurate, forming most pain-

ful ulcers. This disease is most fatal to cattle and other animals as well as to the human family.

Of cancer, Dr. William B. Clarke, of Indianapolis, says:

"The malignancy and unvarying fatality of cancer justify the popular horror of its very name, and its appalling frequency and rapid increase of late years may well challenge the closest attention of the medical profession. In the State of New York 6,400 adults died of cancer in 1907.

"As cancer was practically unknown until cow-pox vaccination began to be introduced, it is certainly about time to study out the possible connection between the two. Cancer, I believe, is a disease of cell life, a disturbance of its equilibrium, manifested by the rapid growth of cells and the consequent building up of a tumor. I have had to do with at least two hundred cases of cancer, and here declare that I never saw a case of cancer in an unvaccinated person. This, of itself, may not mean anything; but I ask all physicians to pursue their inquiries along this line, and see what will result. The way vaccination causes cancer is like this: It takes twenty-one years to make a grown man, and but four year to make a grown cow, the former being of slow cell growth and the latter rapid. To put the rapid growing cells or protoplasm of a diseased animal (in a condition of virulent infectious activity) into the slow growing cells of man, as is done in vaccination now rife in civilized countries (often enforced by law, health departments or boards of education), is to disturb the equilibrium of cell life and create that disparity, disarrangement and disorganization which, when the season for cancer comes later in life, results in cancer, if not tuberculosis earlier."

"This conclusion," adds Dr. Clarke, "is both logical and in accord with the most profound discoveries of modern biology and pathology, from the cellular pathology of the great Virchow to the recent discovery of Dr. Roswell Park, in the State-paid work at the University of Buffalo, that the 'cancer organisms can be detected in the blood, and conform closely in appearance to the bodies found in the blood after vaccination—confirming the previous claims of Funck and Gorrini abroad.' "

In Germany, one of the most heavily vaccinated countries in the world, the mortality from cancer is reported to be 40,000 deaths per year, or about 750 per year to each million of population.

In conclusion, when a practice such as vaccination that is attended with so many serious dangers (admitted even by its friends), and is so doubtful in efficiency, holds the enthusiastic support of a large body of the medical profession, as well as the support of the State to compel its enforcement, we cannot withhold our opinion that the advocates of such a practice are bereft of that charity of human brotherhood which teaches us to "love our neighbors as ourselves."

In the language of that brilliant English writer, Ernest B. McCormick, let me give voice to my further sentiments. In speaking of the ineffable senselessness of vaccination, he says:

"A policy which insists upon polluting, repeatedly, the blood of every human being, however healthy and healthily circumstanced, with a virus obtained by squeezing the filth from sores raised on a calf's belly, a virus of whose nature and pedigree there is no scientific knowledge, but which has proved capable of causing loathsome and mortal diseases, and all this for the purpose of obtaining an admittedly qualified, temporary and doubtful protection from one only of the many thousand diseases to which flesh is heir—a disease moreover which grows so rare that even to the late so-called epidemic its fatality was surpassed many times by half a dozen other diseases about which no artificial panic has been induced; a disease which has been proved both preventable and mitigable by hygienic means, a disease of which the risk, except in slums, is practically negligible, and which rational treatment has now robbed of its most dreaded feature—such a policy needs only to be clearly stated to be seen for what it is, a monstrous and indefensible outrage upon the common sense and sacred personal rights of every human being. . . . An unbearable tyranny, it has roused, and justly roused, an exasperation so intense that it is impossible to give it satisfying expression without breach of the proprieties of debate. There is determined insurgence at work, and it will not subside till vaccination has been finally relegated to the shelves of that well-stocked scientific museum where the dishonored fetishes and perished fallacies of medicine remain on view for the warning and instruction of mankind."

Within the next quarter century, Mr. President, should this mundane sphere be rolling through space as we observe it to-day and our social conditions remain unchanged, vaccination, in my

opinion, will be unheard of, save as another relic of our medical barbarism; and those of us who still possesses, at that time, a clear vision of retrospection may recall to mind the work of their hands as the vaccinated human wrecks float by in memory. And, before closing the door of this sepulchre, let me add to this prediction these words: When, by the ultimate revelation of scientific truth, all men of medicine learn this evil practice of vaccination is but the result of our present-day ignorance and superstition, and that instead of *adding* to human woe we all learn the lesson taught by the immortal Hahnemann, that the physician's true and *only* calling is to heal the sick, we may then in our deliverance and thanksgiving say with the poet:

"Jewels of joy come from mines of affliction,  
Birth-pangs precede *every* gladness new born,  
Violent storms cause a fairer horizon,  
Dreary nights end with the beauties of morn."

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## SOME NOTES ON PROFESSIONAL COURTESY.

By Dr. Isaac W. Heysinger, M. A., M. D.

We all recognize the noble nature of our God-given profession; that the physician's first and most dominating object is to do good; and we all know the grand old oath of Hippocrates, that we should jealously keep the knowledge of our art and science from unauthorized interlopers, in order that there might be more of it left for the comity of our own brotherhood. It is true, indeed, that Hippocrates also inculcated lofty ideals by which the older initiates into the arcana of medicine should deal gently and long-sufferingly with those just entering into its mysteries, and see to it that these also were properly fed at the professional manger.

And so we work along today with our classic collegiate principle that the freshman newly incoming to the gates of knowledge shall, as a newcomer, be thereby hazed, but shall anon become the sophomore of tomorrow, to in turn manipulate the cane, the stove-pipe hat, the kicks and cuffs, and the ducking-bath against other new hosts as yet in embryo or just born. It

is this that makes the otherwise unhappy life of the neophyte so full of joy and promise, mostly promise, for every knock and kick so unceremoniously and impartially administered to him to-day he will vicariously transmit with compounded interest to his hapless successors later on. And thereupon the tongue rolleth, the eye brighteneth, and the corrugated lines of pain expand into the broad and anticipatory expanses of hilarious joy—

"There's a good time coming, boys,  
Wait a little longer!"

But when this hazing continues for long, mortal years and the hazer's hair grows white or absconds, and the hazee's hair grows gray and sparse, while yet the knocks and kicks do not disappear or diminish, but only become more sly and surreptitious, and are administered laterally and to the rear, instead of rectangularly and to front, then the hapless one may despairingly look about for new victims; and it is by no means certain that he can henceforth find them, for often, entrenched within the battlements of hospitals and dispensaries, and wattled and coddled under the voluminous skirtage of the elders, he can see them protrude their fuzzy and self-sufficient heads, and hear them cry out "peep-peep," but they are quite inaccessible to the healthy discipline so long and so vigorously, or at least so effectively, administered to himself. His legitimate game has in such wise achieved security at the expense of his individuality—has found a patron, and all of good and bad—and especially of bad, that the word implies. Meantime the professional mature one, incubating and absorbing, waxes fat on the delicate grains scattered about, and pecks and scratches, and disparages with qualified remarks, damns with faint praise his not yet so gray colleague, and often, with a secret joy, is enabled to even seize the savory morsels and golden grains from between the very mandibles of this most unhappy colleague, while crying "well done," or perhaps "not so badly done," or still perhaps "I ought to have been there," as the sole syllabub to his colleague's bereft soul, or bereft pocket-book, or maw, for these are in such cases and with such ones, for the most part, all the same.

And we have our specialists. Some afflicted ones have lice and fleas, some have impecuniosity, some have nerves, and hun-



ger and thirst, while others have specialists; and it sometimes occurs that the specialists have them in turn, and badly so. Of course no one has any moral, legal or professional claim to be a specialist unless he is first of all an all-around medical man. It is a gross libel to say, as some do, that a specialist does not know that a living organism is a composite and correlated mechanism in such wise that everything is general and nothing at all local; or that he has taken up a part of these operations, for example, the southeast quarter of the revolution of a wheel, from narrowness of vision, making him incapable of seeing the whole movement; or from an un-Hippocratic fancy that the hours are easier and the fees are larger, or the responsibility lessened and the dignity greatedened.

I was once asked if I were a specialist or a general practitioner and replied that I was a specialist. "And what is your specialty, may I inquire?" Certainly, I replied, the human body.

Therefore we may know that if we send a patient to an oculist we should there have him find a man fully equal to ourselves in all that constitutes an all-around physician, and, in addition thereto, one that has a special range of knowledge and experience far transcending our own, in that particular line, so that he must be a far better man necessarily than we are. And therein sometimes lies danger to our hapless selves, for once in a while such a magnificently gifted paragon feels the stirrings of the

"Good old plan,  
That they may take, who have the power.  
And they may keep who can."

It is, on account of this peril, that it has been wisely suggested that a specialist should thereby abandon all general practice and advertise himself as a specialist in a certain line, and then be compelled to stick to that specialty, making it *prima facie* evidence of mal-practice for him to undertake any case outside his own specialty, for it is certain that one who has altogether abandoned the practice of medicine for years is not qualified to sporadically take up a serious case and carry it through; and it is equally true that a specialist who confines himself to one specialty only, on the ground that the field of medicine is so vast, now-a-days, that no one mind can grasp, and no one hand execute, its intricacies

cies (which is the only possible valid ground on which specialism can have a *locus standi* at all), must have abandoned his knowledge and experience of general practice, and thereby disqualified himself from its pursuit.

Of course there is room for specialists. I couldn't cut a first-class sirloin beefsteak even if I had the ox and the ax, and tried; so I abandon that to a specialist, but I do not thereby agree that the butcher shall treat my cases of typhoid fever.

I suppose we have all had our ups and downs with specialists. I know that I have, and I propose to cite a few instances in my own personal experience that have often produced placid amusement because they couldn't, and sometimes vigorous malediction because they did. The only balm for my lacerated feelings and impoverished wallet, in these latter cases, has been the observation that I have been compelled to make, that nearly all the cases taken away from me, all unworthy, and thus transferred to their own more gracious preserves, sooner or later, and mostly sooner, have turned out badly, so that I have been able, with some professional satisfaction, though often with considerable personal sorrow, to read their "titles clear" on those crystalline calcium carbonate structures, duly marked and dated, in their appropriate cemeteries, wherein they were foredoomed to shortly repose; or if not themselves then other hapless others gathered into the insatiate maw of professional avarice from these same families. And I have sorrowfully said, "You would buck the tiger, would you?"

I have thought, perchance, that it might be of passing interest to some of those present to recite the details and present the mechanism of a few of such involuntary transfers which chanced in my own experience, and also to say a word or two about the far more numerous cases in which I was able to place the end of my thumb against the tip of my nasal organ, and, expanding the digits widely, vigorously oscillate them in the forefront of the baffled moloch who had shot from his cage and missed.

I have often met these carnivorous professionals, both the hitters and the missers, afterwards and always with courtesy, for I reflected that God, for some reasons of his own, had "made of one blood all the nations of the earth," although the parties under consideration had exhibited, in their dealings, a remarkable sort

of cold blood which, I felt quite sure, was batrachian and not like any circulating in my own anatomy. Still we must expect something like that among the amphiborous races, those which have a double habitat, and can emerge from their own environment into ours and impartially forage in both. If Providence had directed their trail of slime forwards instead of sideways or backwards, we might all feel safer, but, as it is, perhaps a little of my own hindsight may serve as a slight forecast for some of those who chance to fall upon these pages.

During the smallpox epidemic of 1872-3, among hundreds of others, I had two particular cases, two boys, and the only children, in a family which I had long attended. The cases were mild but pronounced, and there were many severe cases in the same block, of which I had a number. The mother, and her old-maid sister, desired to visit some of the friends in New Jersey for the Christmas holidays, and, as the boys were now beginning to be about again, concluded, or were induced, to call in, for judgment, an eminent homœopathic physician who spoke, and pronounced my name, with a strong Teutonic accent. This all unbeknownst to me. On my next visit I was informed that this eminent example had come and looked over me and over the cases, and pronounced them chickenpox. As I had more than a hundred families with smallpox in that season to look after I didn't think so. But the old doctor told the family that they made a mistake in employing a young physician and suggested himself as one of about the right age.

I didn't wait to learn my own fate definitely because I at once preached a short sermon on professional courtesy and Christian charity, and walked out serene and happy, leaving my rival corrupt and content. The only consolation I got out of this case was my bill and the knowledge that my rival (cautious not to be self-reversed) had advised the family to stay at home, and to *send* their Christmas presents, first disinfected in the kitchen range oven. As the principal of these consisted of an elaborate outfit of sealskin furs, these emerged from the fiery ordeal as stiff, brittle and disreputable as fire can make gelatine, even in the hide of an old Dutch doctor; so that I felt that in this case the wind had been appropriately tempered to the shorn sealskins, and to me, the shorn lamb, as well.

I had a case of metrorrhagia in a young married woman and called in consultation a very eminent elderly homœopathic physician because I thought, as he talked so much about such things, he ought to know something about them. I helped him upstairs, as he said he was so exhausted with hard work, and he looked at the case super-clinically (that is, across the bed), and gravely told me that he thought that if the case "was treated adroitly" it would come out all right. And it did, for the whole mucous lining of the uterus came out with it shortly afterwards. However the eminent and over-worked colleague dropped in at times, I was told, in person, and privately, to see if I was treating the case adroitly, but he never told me what that was. I am not sure that I was, but I know that he was, for I never saw the family professionally after the woman recovered, while he became the medical director of that establishment. However it was not for very long, for they all concluded that my successor was "nothing but an old woman in disguise" and fired him out, and then it was my turn, for practice in that family, so far as I was concerned, only rotated once.

I was called to a family outside the city, professionally, on another occasion and, after consultation with the family, engaged another very eminent homœopathic physician to take a confinement case for me. The professor did so, so successfully that he kept the family by persuading them that one of the sons was admirably adapted for a physician, and that he was the very one to put him through. Shortly afterwards the mother lost her life by pneumonia, between the professor and the student, and his career then came to an untimely end in that establishment.

I recall another case in which a little girl, a patient of mine, was visiting her grandmother, out of the city. A very eminent specialist, of our branch of medicine, saw her there and took such an interest in the child, which he had never seen before, that he suggested an operation at once, which matter had already been carefully, but unfavorably, gone over by me. The grandmother brought her daughter into the ring of conspirators, but the husband was kept entirely out, and the operation was performed by another eminent collaborator. Secondary symptoms followed, death almost supervened, the husband fled to me in horror, the wife telephoned, the grandmother implored, and I

went to see the shipwreck myself. The eminent specialist wrote a letter to the family suggesting that *he* call, which was turned over to me, and I answered that letter, and it took the man an hour to apologize to me personally and to try to set himself right in the matter. It took all winter to set the girl right.

I had another very serious case in which I engaged my own professional consultant. But an eminent specialist was called in in my absence by an aunt, and he came with alacrity and took charge of the case with alacrity also. But the grandmother, who was in charge, took the eminent specialist in hand, led him to the door, and told him to depart and never come back again, which he likewise did with alacrity.

In another case I myself called in an osteopath, thinking that he might work a little bit, mechanically, on a traumatic rotary curvature of the spine in an elderly patient, whom I had attended, with his family, for many years. I left the osteopath in the front room manipulating the backbone, while I put up some medicines, as usual, in the adjoining room. He came in and cried out, "What are you doing, sir?" I explained. "Don't you know better," he cried, "than to prescribe medicines while I am treating a case?"

I went into the other room, where I found my patient groaning in body, and his wife in spirit, and who told me that my osteopath had placed his knee against my patient's back and straightened him up, as they do jumping jacks when they get awry; had broken his back, as he believed, in fact.

I returned and explained to the osteopath that he was *de trop* in that case; also that he was what in vulgar parlance would be stigmatized as a canine monstrosity, and that I would give him just two minutes to clear the front steps. The wife came in and insisted that one was sufficient, and the colored man suggested that he throw him out "right now." His bill was \$14—it ought to have been twenty, for the amount of work he did.

Another osteopath once crossed my path and took away my patient, who was comparatively a new one. But he didn't keep her, for she died a little while afterwards, and I didn't get my bill; I suppose that neither of us did. But these, and another experience with osteopaths, have taught me that, whatever benefit by manipulation could ever be derived from their treatment,



other manipulations will answer the purpose, under the physician's eye, while a physician subjects himself to real danger in having anything whatever to do with them unless he makes a careful selection with a previous understanding. He is otherwise likely to be injured, either openly or surreptitiously, and, if successful, the osteopath will receive the credit; if unsuccessful, the physician must bear the blame.

Another of my difficulties with an eminent physician and surgeon of our school was a case in which I called one in in a matter of purulent degeneration of the testicle of long standing in an old man. He operated skillfully for me and the patient was made very comfortable. But I never saw him afterwards and my friend attended the family. All I got out of that case, besides my bill, was how to put three homœopathic drugs (one of them *Sulphate of Morphia*) into a single tumbler, and let the disease pick out what best suited its taste.

In another case I called in an eminent homœopathic surgeon to operate in a case of strangulated hernia in a maiden lady of uncertain age, and which operation was successful. After I had finished the after-treatment I saw no more of these people, but about ten months later, when I called on the same surgeon about another pending operation, as I ascended the steps, to my surprise I found my former patient emerging from the vestibule with the eminent surgeon at her heels bowing and saying, "Then I shall see you next week again?" As he rose erect and confronted me I thought I beheld one of those magnificent crimson sunsets which we sometimes see in Mexico, but he stammered or strangulated out that it was only a friendly call or something of the same sort. Though there was no rupture between us at this particular time, as there had been at the first, I contented myself with asking how he was getting along, and did my surgical consulting elsewhere on that and any other subsequent occasion.

I once stood in solemn conclave at a consultation of seven of us. It was my patient, but no observer would ever have thought so. I don't know which of these anointed ones got the case, but I know that some one did, for the death was advertised in the newspapers shortly afterwards.

A friend of mine who would scorn to steal a patient was asked

by a well-known homœopathic physician, who was about to take a vacation, to look after his patients for him as an accommodation. My friend did so and made no charge whatever, but before the physician left, after asking for this courtesy, he hesitated at the door and then returned to stammeringly say, "Doctor, I—I hope that any of my patients—ahem!—you will not—continue to treat afterwards."

My friend was indignant, but I told him that this was one of the only instances of high intelligence that I had ever seen manifested in such a case, and that it was decidedly to the physician's credit. He had probably been there before.

I could multiply these cases, not so many perhaps of those worked on me successfully as of those attempted, and which sometimes were partially successful, too; but I have always told my patients that at the first sign of dissatisfaction I would at once resign the case, and that, as a matter of fact, I had discharged five for every one who had ever discharged me; so that such sleight-of-hand performances, outside the personal sense of their own meanness and injury, and of their meanness and injury to the profession, have not come to me as personal losses, but only as valuable personal experiences.

Many older physicians may not have had such fights while they were neophytes in the profession, but most of my medical colleagues, when they go over their old experiences, will recall some.

I have mentioned nearly all, but not quite all, which occurred to me, and the annual average, for thirty-five years or more, is not considerable. But if these few will recall to many the dangers which they have escaped, and to some others the wrong to professional and personal ethics, not to speak of that rule of life higher than all ethics because it came from the Highest, which they may have attempted to perpetrate and failed, I hope that some good may result on both sides.

And above all I hold the honor of the noblest of all professions—if it is to have its power and vogue, if it is to preserve its principles, and if it is to serve mankind as it can and should, then this honor must be held intact and kept immaculate.

## A PROBABLE CAUSE OF EPIDEMICS.

Editor of the HOMŒOPATHIC RECORDER:

You no doubt have noticed in the press of the epidemic of disease among the horses of western Kansas attributed to cerebro-spinal meningitis! So great havoc is it creating and serious the consequences that whole counties have been unable properly to put in their crop of wheat. Government experts have been called in to aid in suppressing the malady and none so far have succeeded in checking its ravages. As an unofficial correspondent of one of the metropolitan dailies I wrote a brief article, not on a cure, but as to the probable cause of the disease. My paper was ignored and, after thinking over the matter, have come, with my friends, to the conclusion that there is "a nigger in the wood-pile" why no notice was taken of the article. After I have given expression of my views through your worthy journal I believe you will, if not concurring with me, at least publish the opinion of one of your subscribers.

Without further ado it is entirely unnecessary in a medical journal to even give a brief explanation of the serum therapy and its literature, as we did in the article for the newspaper. We know the source whence the serums are obtained, but what becomes of the horse from whom the serum was made? Is it not presumable that the animals afterward find themselves in the open market and are distributed over the country? Who can prove that even a single one of these once inoculated animals is ever again healthy! And is it not possible that through them other animals may not contract the disease with which they were first inoculated? Are not these thoughts worthy of investigation?

F. F. NETHERTON, M. D.

Clinton, Mo., Sept. 16, 1912.

It seems to us that Dr. Netherton has struck the right trail in this matter and also has pointed out an ominous and ever-growing source of epidemics. That these animals, inoculated with various diseases, are sources of infection was proved beyond question by the terribly costly epidemic of foot and mouth disease in 1908-9. The Department of Agriculture traced the epidemic to

calves used for making vaccine and afterwards sent to the stock yards and thence distributed to various parts of the country. It is inconsistent, indeed it is unscientific, for health boards to quarantine healthy persons who happen to have been in a house where there is a case of contagious disease, and permit animals who have been saturated with disease poisons to be sold for food or for work. Just ask yourself, Mr. Health Board man, how you would enjoy eating veal from a calf from which vaccine virus had been obtained, or handling a horse who had been saturated with the virus of cerebro-spinal meningitis or diphtheria! When the serum or vaccine farmer is through with an animal it should be cremated.—Editor of the HOMŒOPATHIC RECORDER.

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### LUX.

Editor of the HOMŒOPATHIC RECORDER:

Anent Dr. Duncan's inquiry about Dr. Lux it may be pointed out that in 1834 Köhlmann, of Leipzig, published Lux' "Zooiasis," where among many homœopathic observations on animal diseases he advocated Isopathy. In commenting upon this Dr. Gross says that he personally found it very inferior to Homœopathy. He had the same experience that our serum doctors now acknowledge—*i. e.*, "now it works and now it doesn't," but he was unable to see why, nor can they enlighten us on the point. They find themselves in the same old awkward predicament and uncertainty as to the action of drugs.

C. M. BOGER, M. D.

Parkersburg, West Va., Aug. 25.

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### CANCEROUS CONDITION CURED.

Editor of the HOMŒOPATHIC RECORDER:

El Paso, Tex., Aug. 31, 1912.

The patient having cancerous lymphangitis and pulse of 150 to 155 that I reported to you some weeks ago; and the practitioners examining prognosed death within 24 or 36 hours; and one powder of *Mercurius vivus* 1m., B. & T., administered first day August; and now 31st August that woman is up and about her

house and in her yard, with a pulse less than 100; good appetite, regaining health, more normal appearance of skin and physiognomy; discharging glands where mammæ should be lessening. Every abnormal condition lessening, and no repetition of the remedy, nor any other remedy used!!

Several prominent symptoms have appeared, some annoying, for which she solicited relief. But careful study of her anamnesis (not "taking her toilet case"), concluded that they were only symptoms of mal-treatment during her former life coming out; suppressions by allopathicians in place of cure, and they disappeared without any remedy, drug or treatment being used for same. Each year I am *learning* how to correctly practice that Law of Nature—the law of cure—Homœopathy; but it requires courage, study and disregarding popularity.

JOHN F. EDGAR.

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### HEROIC PROVING OF HEROIN.

This is reported by Symes in *Bristol Medico-Chirurgical Journal* for June. A German physician gave a woman a hypodermic of *Heroin hydrochloride* for a neuritis in the right arm. The nurse and finally the patient continued the injections until as high as five grains were taken daily. This continued for several years until there was the inevitable breakdown. The patient then came under Symes' care, and *Morphine*  $\frac{1}{8}$  grain was substituted in gradually diminishing doses, and in six months the woman was restored to health. The following symptoms are of especial interest to homœopaths:

Even after the first dose there was "a feeling of excessive fidgetiness, which seemed to creep right up from the very lowest part of the body (the womb), making me so terribly restless that I could not keep my legs still for a moment. This particular feeling increased maddeningly until I had the injection again, when I felt immediately relieved and blissfully comfortable for about two and a half to three hours." It was the recurrence of these symptoms that led to the habit. If the interval between the injections of *Heroin* was too long she "felt wretchedly fidgety and uncomfortable, and people and things seemed to go farther from me as I looked at them, and at times I felt almost light-headed."



Amongst other symptoms noticed were increased sensibility to sounds and loss of recuperative power after small injuries, such as cuts; another most troublesome symptom was difficulty in starting micturition. There were never any symptoms of respiratory failure, oppression of breathing, etc. The patient says that whilst taking the drug (although previously extremely subject to colds) she never sneezed or coughed, nor did she ever catch a cold during the whole five years.

The foregoing is condensed from the *Therapeutic Gazette* for September.

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## SURGICAL THERAPEUTICS.

I may here give the standing orders that, as a rule, govern my hospital practice, in serious post-operative cases:

*Camphor*.—When the patient comes down from the operating room she (or he) receives three doses of *Camphor* 1x three drops, at intervals of fifteen minutes, provided there is sub-temperature and the blood pressure is low.

*Veratrum album*.—If reaction is not prompt the *Camphor* is followed by *Veratrum album* 3x, three drops every hour or half hour until the temperature reaches normal. This is particularly called for by the usual symptoms of cold sweat, etc.

*Cuprum arsenicosum*.—When the temperature reaches normal and nausea and vomiting develops with thirst and pain, *Cuprum ars.* 6x is given three drops hourly until relieved.

*Nux vomica*.—If there is simply nausea and disgust for food as a result of the anæsthetic, *Nux vom.* 3x is given hourly until relief.

If nausea continues unduly, choice is made from the following: *Apomorphia* 3tr., *Ipec.* 3x, or *Tart. emet.* 6x.

*Arnica*.—For trauma. If there has been undue handling of tissues, as in abdominal cases at times, great relief from the ensuing soreness is obtained from the exhibition of *Arnica* 3 to 6 two or three hourly, and I have been led to believe we may thus avoid further trouble.

*Belladonna*.—After operations there is at times a reactionary temperature, with great tenderness in and about the part, with flushed face, headache, etc., then *Belladonna* brings great relief.

*Bryonia*.—If the tenderness is not quite so acute, but there is much soreness locally and all over, with coated tongue and thirst, *Bryonia* is very effective.

Peritonitis or pleuritic invasion is often cleared up by the use of *Bryonia*.

Not infrequently dysuria follows an operation, especially an abdominal one, and is often relieved by *Hyoscyamus*; or, if there is Anuria, *Canth.* or *Terebinth* according to their well known indications.

A most troublesome complication after abdominal operations is flatulence or meteorism. *Raphanus* is an excellent remedy, but there are many others. *Nux vom.* ix will sometimes cause expulsion of the gas, but we have *Magnes. phos.*, *Colo.*, *Asaf.* and many others.

For a general febrile condition we have the old tried remedies, such as *Aconite*, *Ferrum phos.*, etc.

For septic absorption with church spire temperature chart, much can be gained by the use of *Chin. ars.* 3tr. three grains every two hours.

For phlebitis, the sheet anchor, I believe, is *Hamamelis* internally and externally—a case may require *Bell.*, *Puls.*, *Rhus*, or *Lachesis*, according to indications.

It goes without saying that as homœopathic practitioners, we may call into service any remedy in the materia medica for which we have clearly defined indications.—*Dr. J. H. McClelland, before A. I. H., Pittsburgh.*—*Hahnemannian Monthly.*

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## APPENDICITIS.

“Usually, appendicitis is a mild disease, and, as a rule, will get well with judicious medical treatment and careful nursing. Each individual case must be carefully studied and judged by its own subjective and objective physical signs. Where pain is not unusually severe, this sign can be, in the vast majority of instances, eliminated from our scales of determination. On the other hand, persistent, severe and excruciating pain, increasing instead of abating, may in itself be an indication for surgical assistance. The same statements apply to very obstinate nausea and vomiting. It may be said to be a good working rule that where the pain is

first localized and rapidly becomes general, we may look for the formation of a diffuse peritonitis. In the development of this condition, the pain is constant—it increases in exacerbations and is very intense, being aggravated by movements and by the slightest palpation. Where we find this clinical picture in association with persistent and progressive nausea and vomiting continuing after thirty-six hours of careful medical treatment, the abdomen should be opened in the vast majority of cases, if it has not been done before this interval of waiting. It is now, in our opinion, no longer a medical case. A very valuable sign, and one which requires skillful vigilance, is the amount of resistance in the iliac fossa. This resistance, or rigidity, as we know, is a spasm of overlying muscular tissues. When this is not present to a considerable degree, and particularly if it shows evidence of relaxation, we may reasonably assume that the inflammatory disease is at least not rapidly progressing, and thus feel assured that medical treatment is further indicated. The temperature, *per se*, is not a very valuable guide in determining whether the continuation of medical treatment is justifiable. Not the degree of fever, but rather the duration and ability to control the same are important considerations. Should the temperature progressively increase, despite our most careful treatment, and the associated subjective and objective signs become aggravated, we may question the utility of continuing medical measures.”—*Dr. J. H. Cunroe, Physician to York, Pa., Hospital, in Medical Era.*

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### CRATÆGUS OXYACANTHA.

“On administering *Cratægus*, the pulse slows and is strengthened. Harmony is restored between heart action and vascular tension, as in the rapid, feeble heart stroke following hæmorrhage or shock. The effect on the mental condition resembles that of *Anemonin*, apprehension being dissipated and the patient recovering confidence. These in combination are valuable for neurasthenic girls with functional heart troubles and menstrual irregularities. In organic or functional heart weakness *Cratægus* is useful, improving all parts of the circulation, and the appetite, assimilation, and nutrition in consequence, which this writer attributes to an influence over the sympathetic and the pneumogastric.

"*Cratægus* is associated with *Apocynin* in dropsies, albuminuria of pregnancy, etc. The former is also advised for diabetes insipidus, especially in children, and in exophthalmic goitre, with epileptoid seizures.

"In angina pectoris it has proved of decided value, as the late Dr. Joseph Clements found in his own case. Here *Cratægus* acted as a relaxant of the anginal spasm, affording speedy relief for a time, but the effects wore out. A. W. Jernigan treated a similar case, giving *Cratægus* during the day, and found the nocturnal paroxysms milder and more readily relieved by *Lobelia*. After three months' use of the remedy the attacks ceased and had not recurred in two years."—Lloyd.

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### PRACTICAL POINTERS.

Dr. McAllister at the last meeting of the British Medical Association (*Lancet*, August 17) wrote of *Symphytum* that "its utility in the treatment of ulcerative conditions and of burns had been confirmed by numerous observers." It possesses "no toxic properties and favored rather than inhibited the growth of organisms." Perhaps herein lies its value, though McAllister does not seem to think so, for it is reasonable to believe that anything poisonous enough to kill the micro-organism will also kill the sound parts. Nothing was said of the chief use of *Symphytum*, which is to be found in one of its popular names, "knit bone." He also said that the injection of a 0.5 per cent. of a solution of *Allantoin*, the alkaloid of *Symphytum*, into hyacinth bulbs forced the growth of the flower, with comparatively little leaf growth.

Dr. Sanderson, of Philadelphia, dropped in on us the other day and his report was about as follows: "Large gland, neck; severe inflammation; old school man said 'operation;' family wouldn't stand for it. *Hepar sulph.* 3x. alternated with *Belladonna* 3, made a brilliant cure. Whole family now believe in Homœopathy." There was a similar case in the neighborhood in which an operation was performed, with the result that the person has been incapacitated for work ever since with a suppurating sore. In the first case the woman's neck is now normal; in the other she has to keep it covered to hide the unsightly run-

ning sore. These two cases seem to illustrate the difference between medical science and pseudo-medical science.

Two cases were verbally reported to us. A girl's arm swelled up enormously—it started with a "pimple." The old school attendant could do nothing and advised amputation which was refused. The other, a man, was apparently of a similar nature but in the leg; the old school—or new school—man advised amputation, which was refused by the patient. Both were cured by a homœopath, who gave them *Echinacea*. There does not seem to be much in these cases, and yet had the advice of the scientific men (they were hospital men) been followed one citizen would have been minus an arm and one citizen a leg—if they had survived. Discoursing about micro-organisms with formidable names, antibodies, opsonins, and the rest, is very impressive, but it takes the homœopathic simples to restore the patient to health quickly, safely and pleasantly. Why the world wants anything else is beyond the ken of reason.

Prof. Charteris, Glasgow (*Lancet*, August 3), reports on "the comparative value of arsenous acid and Salvarsan in blood and other non-syphilitic diseases." There was no very marked difference in their action, which, indeed, was to be expected, as arsenic is the works in both.

Dr. O. T. Williams, Liverpool (*Lancet*, August 3), treating of cod liver oil, expressed the opinion, previously given by Carle, "that the pus—of small quantities of iodine, phosphorus and various other bodies in cod liver oil was due to decomposition." If anyone wants to prescribe oil a pure olive oil distances all others in good effects.

This concerning *Millefolium* (*Achillea millefolium*) is from a paper by Dr. J. A. Burnett in *Wisconsin Medical Recorder*: "Monk considers *Achillea* indicated in any case of fever regardless of its cause when the temperature rises above 100 with skin dry and secretion arrested. He gives it in fevers for its diaphoretic effect, one drachm in a pint of warm water at one dose. The patient is snugly tucked in bed and soon begins to perspire freely. As soon as perspiration is fully established improvement begins to take place. Pain and restlessness are relieved and the temperature rapidly falls to normal and stays there. It produces complete relaxation of the system and increases the action of



every eliminating function and especially of the skin. It causes no depression like *Jaborandi*."

Dr. C. von Wedel, Oklahoma City (*U. S. M. J.*, July), contributes a paper on "The Treatment of Burns With Bicarbonate of Soda." This is a very old treatment yet it has been neglected. As a matter of fact, there is no better treatment for severe (or mild) burns or scaldings than an application of soda.

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### NOTES.

The publishers of the RECORDER have received orders for several hundred reprints of Dr. Mullin's essay on "Vaccination" that appears in this issue. The reprint matter will be held in type for a few weeks, so that any one wanting reprints can obtain them at \$4.00 per hundred, sent prepaid to any part of the United States.

The Beale Publishing Co., Union Square, New York, announce among their fall publications, now ready: "Antietam and the Maryland and Virginia Campaigns of 1862. By Isaac W. Heysinger, M. A., M. D., formerly Captain U. S. A., and a participant in those campaigns. 8vo, cloth; with portrait illustrations. \$1.50, *net*; postage, 15 cents." Dr. Heysinger has contributed many papers to the RECORDER, and is the author of several books. As readers of this journal know he has the great merit of being an *interesting* writer. Any one interested in the history of our great war will welcome this book from the pen of an able writer who was right in the thick of the fight, and who is able to throw much light on that historic campaign.

The *Buffalo Medical and Surgical Journal*, founded in 1845 by Austin Flint, writes of Clifford Mitchell's *Modern Urinology*: "This work impresses us as one of the clearest, most practical and yet most scientific that have been published." This is in agreeable contrast with that which came forth from the other big city in N. Y., on the bay. But, then, it is whispered, Mitchell outshines another book.

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## EDITORIAL BREVITIES.

THE PLAGUE IN INDIA.—The *Lancet* of September 7, reviews the plague epidemic of India. It started sixteen years ago, and up to the present time about 8,000,000 deaths are due to it. The Government has spent money liberally, but to little effect. The *Lancet* loyally speaks well of the inoculations and serums, but admits that as permanent means they are of "limited utility." It is to be feared that, like others of the therapy to which they pertain, those receiving them would be better off without their questionable action. They are but a modified form of the disease itself, and it is within the range of possibilities that as inoculation once kept small-pox going in the world so may these means have something to do with keeping the plague going for so extraordinarily long a period. The Manchurian plague arose, raged and died out inside of two years, and it was practically left to itself. This possibility may be worth considering.

HYDROPHOBIA.—The Indian Letter of the *Lancet*, August 10, says that the Pasteur Institute at Simla treated 2,263 cases of persons bitten by animals, of whom 43 died from hydrophobia. As the disease or, perhaps, affliction would be a better word, is somewhat rare, this seems to be a pretty large death rate even when there has been no prophylactic treatment. A friend at our elbow also remarks that "Hydrophobia was a traditional disease only in all communities until these 'institutes' were financiered." This was caustic, but cold figures prove it to be true that the "institute" and the disease seem to be simultaneous.

CAUSE OF THE DECLINE IN DEATHS FROM TUBERCULOSIS.—Sir Shirley F. Murphy, President of the Royal Sanitary Institute, in an address (*Lancet*, August 10) makes a statement concerning the marked decrease in the death rate from tuberculosis that is at variance with the prevailing idea that that disease is due solely and only to infection by its bacillus. Dr. Murphy said, after giving his figures:

"There is, therefore, a large cause of mortality declining for a number of years, the decline being manifest over a wide area of Europe. There does not appear to be any sufficient reason for thinking that this decline has been due to other than natural causes. It began before any lessons taught by Koch could be applied, and however well-intentioned the efforts of man may have been, if we are satisfied that nature was responsible for the decline in countries where it set in early, we must think of the same cause being operative in countries where the decline set in late. Koch's work has, however, led us to think of tuberculosis much as we do of diseases of the epidemic class, and we are not able to exclude the possibility that the type of this disease is not constant. Apart, however, from this consideration, there is much reason for attaching weight to the view which has been urged by Professor Karl Pearson, that the part undoubtedly played by inherited susceptibility in the prevalence of the disease must be having its effect, and that the elimination of the susceptible in past years is largely responsible for the present decline. The fact that more rapid decline is taking place in urban than in rural populations lends support to this view, and the delayed decline of phthisis mortality in the Highlands to which Dr. A. Rugg Gunn has called attention is very suggestive in this connection."

If all this is true, what then becomes of the expensive "war against the Great White Plague?"

SALVARSAN.—The *Therapeutic Gazette*, August, editorially, says of this drug: "Deaths following its administration are now constantly recorded, and reports come from all over the world that many are never recorded." The *Gazette* then points out that Ehrlich, when the first deaths were reported, stated that in certain conditions the drug was contra-indicated, but this has been shown by experience to be an error, for men in robust health, save for the syphilis, have died from the effects of the injections.

THE OLD, OLD STORY AGAIN.—Leishman, in *Glasgow Medical Journal*, June, inclines to believe in typhoid vaccination, but says that small doses are useless. He would begin with 50 million and increase this up to 150 million. It is the old, the very old, story; some one discovers something that is a specific in claims only; it fails, and then the dose is increased up to the breaking point, after which the new thing is discarded. It is all empiricism though termed science, even though all know that science is but the discovery of the working of natural law. It coins new words, apparently learned ones, in reality, but dust to blind the eyes. Homœopathy is as near science in medicine as man has approached.

THE LATEST WORD ON TYPHOID VACCINATION.—It comes from Metchnikoff and Besredka, and, in effect, is that the vaccination should be made with the live, not with the dead, bacillus. It moves the editor of the *Journal A. M. A.*, August 24, to write the discovery "emphasizes the importance of not relying on vaccination with killed cultures." This information is passed along to the readers of the *RECORDER* as being at present writing "the latest." Several hundred thousand men have received the vaccination with the dead bacilli, and were told that it was a sure thing, but it seems it wasn't. The learned gentlemen who make these discoveries and those who practice them do not seem to be in the least abashed at the inconsistency of such practice, but enthusiastically plunge into the next "discovery" and tell the plebians that they now have another "sure thing." Another certainty is the amazing confidence with which the learned medical world receives that given it by those to whom it looks for guidance as to what it should do to be in the medical swim.

PREVENTING DIPHTHERIA.—In an editorial on "Preventive Methods Against Diphtheria" (*J. A. M. A.*, August 24), when treating of antitoxin, occurs the following: "Prophylactic injections of serum are useful to check an epidemic in a family, school or institution, but are useless as a measure for preventing the spread of the disease to uninfected persons." This authoritative declaration, though somewhat obscure, ought to save many persons from anaphylaxis. The obscurity arises from one's in-

ability to see why the injection will work in families but not on uninfected persons. This obscurity is deepened when in a succeeding editorial claiming that without an accurate diagnosis no one can properly treat disease—a statement that opens up an immense vista—the editor says: “For example, the successful use of serum in the therapeutic or prophylactic treatment of disease, such, for instance, as diphtheria, requires a positive knowledge of the particular form of bacteria causing the disease.” First the serum was not a prophylactic and now it is. And, then, what of “the form of bacteria?” Gee whillikens!

Let us ask concerning the “vista” opened by the statement that no one should be permitted to treat the sick who cannot correctly diagnose the case: What of cases (we know of some) where four or five different diagnoses have been made of the same case and this by eminent “regulars,” too? What of cases where the diagnosis is “doubtful?” Wouldn’t a treatment which treats the patient’s symptoms regardless of the “form of the bacteria,” or the name of the disease be rather useful, not to say scientific?

“ARE TEA AND COFFEE HARMFUL?”—This is the subject of a symposium indulged by the *Medical Times* for September. Like all symposiums you can find in it any opinion you want, aye, nay or negative, well dished up, and so filled with qualifying clauses as to leave one about where he was before he read it. For example, take the best known of the contributors—the once great Dr. Harvey W. Wiley. He opens as follows: “In my opinion caffeine beverages are all harmful in varying degrees, depending upon the age and physical condition of the drinker, his idiosyncratic tendencies, varying widely in different cases, and the manner and quantity in which they are used.” He then cannily refers the reader to *Good Housekeeping*, of which, we understand, he is editor, or contributing editor. It seems that the chief use of symposiums is to enable you to pick up opinions backing up those you already hold.

“SALT EQUILIBRIUM.”—“Inorganic Salts and Physiologic Equilibrium” is the heading of a long editorial in the *Jour. A. M. A.*, August 17. From it we quote the following, as a sort of key-



note: "It requires no great stretch of imagination to believe that various trophic disorders, particularly of the skin and peripheral nervous system, are associated with perversions of salt equilibrium of the organism." That is Schuessler's biochemistry, which he preached through twenty-six editions of his *Abridged Therapy!* This, together with what Dr. Bulkley writes (quoted elsewhere in this issue of the RECORDER) concerning the "underlying causes" of disease back of the microbe gives hope that light is dawning in the minds of some of our respected friends who unfortunately are obsessed by the idea that they alone know medicine.

A BEAUTIFUL FIGHT AND DREAM.—The champion of the Owen Bill is Senator Owen, of Oklahoma; the knight who leads the opposition is Senator Work, of California. The California man, they say, inclines toward Christian Science. To show how hot things are getting it need but be stated that in its August issue the usually amiable *S. Cal. Practitioner* termed the Christian Science practitioners "these human (or inhuman)vultures," and, as if this were not strong enough it mixes its comparisons and calls them "these wolves in sheep's clothing." It is best that things should remain as they are for the reason that hot as the fight is now it would be incandescent were the A. M. A. to get all it wants and try to "reform" the C. S. crowd, to say nothing of the host of other medical heretics. The aspiration of the A. M. A. to the time where it shall have the undisputed right and legal power to sweep away disease is but a beautiful iridescent dream, full of lofty ideals, which will dissolve like the baseless fabric of the vision it is, for bedraggled humanity could not live in its ethereal region—nor could it be driven up there.

HE DID NOT PLAY FAIR.—The *Sun* (N. Y.) the other day commented on the death of a Mexican Indian who died at the age of 185 years. He was a freak, or, else, he did not play fair, for according to the rules laid down by our health men, he should have died early in life, a physical wreck. At ten he began smoking, at twenty drinking liquor noted for its fieriness, always ate what he could get, never took a bath, didn't know there was such a thing as a microbe in the world, or such a thing as sanitation, and he kept up these bad habits to the end. These old repro-

bates hurt our delicate beliefs and make mock of our learning—or brutally demonstrate that we do not know what we are talking about.

PRETENDERS ALL!—It was Cynicus who had the floor—or, at least, was doing the talking—punctured by many interruptions. His discourse ran somewhat as follows: “Married men,” he said, “are more or less pretenders—‘fakirs’ as the unlettered would put it.” (Sundry interruptions here and elsewhere—put them in where you think they belong.) “You have all noticed that when a bunch of men get together their talk turns to women. All of you smirk at the subject, look knowing, and pretend to know about 50 to 1 more than you do. Yes, you do! And what are the facts? You married men judge by your wives, or, more than likely, she does it for you. You unmarried fellows—like those Benedicts—‘think you are devils of fellahs—but you ain’t.’ You know women under abnormal circumstances, and some of you know more about Mercury than you do about Venus. You are pretenders all! You put up a front like the men who write books on the subject, and behind the front is your poor ignorant self. The only man fitted to write on the subject is the all-round libertine, and he isn’t, because, in the last analysis, he is an idiot for being what he is. Your highly proper man writes on the subject of which he is but a pretender—and there you are! Now, fellow sinners, the point is this: “If you have a wife that suits you do not make an ass of yourself by conducting ‘strictly scientific’ investigations, for there are horrible bogies all about you waiting to clutch you and suck your thin financial blood—as some of you possibly know. Finally, fellow idiots, don’t try to ‘see life’ in the subterranean regions, for it isn’t there—even though the freshman may think so.”

All of which is faithfully reported.

LOOKED AT FROM ANOTHER ANGLE.—When we read of the sanitary wonders of Panama many of us indignantly exclaim: “Why don’t they do it in this country?” The reason is that it took the credit of a rich nation to do it at Panama, which covers an area not much larger than a county in the United States. It took about twenty millions of dollars to do it so, in reality, we

have a right to look for some returns. Spend an equal amount proportionately on the United States and we would have the most gorgeous national bankruptcy ever known in the history of nations. There is another point in this matter recently stated by some one, namely, that all the sick men are sent home to die.

"914."—A paper by Dr. James McIntosh (*Lancet*, July 15) tells us that "neosalvarsan," which has succeeded "salvarsan," represents 914 experiments. Why a new preparation should be needed if the old one was as "brilliantly successful" as reported is not explained. Two points of interest appear in Dr. McIntosh's paper. 1st. The "parasitidal" power of the old and the new are compared. The interest here centers (to some at least) in the implication that syphilis is only a case of parasites. 2d. It is unknown whether the new, like the old, will cause "acute yellow atrophy of the liver." Between the two diseases we are not so sure but that a man had better stick to the original.

DISAPPOINTING IDEALS.—Certain men dream of, and fight for that, to them, ideal condition in the United States when patent medicines shall be no more, the "irregular" practitioner in jail or out of business, and none but the highly educated physician "(R.)" shall be allowed to treat the sick. These idealists fail to realize that with this privilege will come increased responsibility. According to Leffman (*Medical World*, August) such a condition prevailed in Prussia prior to 1869, but was changed at the urgent demand of those enjoying the monopoly, for with it went special taxes, the duty of responding to urgent calls, certain free service to the poor and, perhaps worst of all, liability to suits for damages. The State gave them absolute control and in return held them responsible. It was ideal but unpleasant. Now the "irregular quackery" flourishes in Germany cheek by jowl with the regular variety, and as the people have freedom of choice they do not hold either strictly accountable for mistakes. The point in this is worthy of consideration by those who seek the passage of drastic medical laws. With increased power will come increased accountability.

RATS!—The Treasury Department has issued an order reminding the health officers of an Act of Congress which provides that

all vessels hailing from ports where the plague prevails must have rat guards on the hawsers by which the vessel is tied up. We recently read a report of a medical meeting wherein one doctor called down another who had used the term in a paper "I believe." The one who did the calling down said that in modern medicine "I believe" has no place, only "I know" goes. Now we wonder if the Government officials know that rats are responsible for the spread of the plague or whether they merely believe it? Really what "I know" forms a very small part of human knowledge, as readers of Descartes will remember. Rats may spread the disease, but at best it is only a matter of faith or "I believe." As a matter of science no one knows what the plague is, why it comes, or why it goes, even while rats are as numerous as they were before the disease appeared.

A POTENCY PROBLEM.—If one part of the sulphate of copper to three million parts of water is sufficient to purify water in reservoirs from obnoxious plant life, as declared by Mr. G. Embrey before the Institute of Water Engineers, why is it not, or some other drug, capable of curatively affecting the human body? Indeed, as the human being is far more sensitive than the very low forms of plant life to be found in water, why is not a far greater dilution capable of doing it? It does, as homœopathic practice proves, but the lion in the path is the inability of so many to choose the proper drug necessary to purify the body from its multitudinous diseases—but that is not the fault of the Law. The water engineers have proved the power lying in infinitesimals and it seems to be up to the gentlemen who enjoy the title of scientific physicians to make good their claim to the title by studying that Law.

A CORRECTION CORRECTED?—The editor of *Medical Notes and Queries* gave credit to the wrong journal in a paper it quoted. From the correction we quote: "Dr. H. S. Bagetel, the editor, is the author of the contribution in question. The *Medical Times* was once edited by Dr. William Pepper, and, like many other medical journals originally published in Philadelphia, the property has been acquired by New York interests." *The Medical Times* in question, if we mistake not, was originally *The Homœopathic*

*Times*, a consolidation of two older homœopathic journals. Later the word "homœopathic" was dropped and it became the *New York Medical Times*, which, as that after which it was named, time, passed it arrived at its present title. All which erudition we find in Bradford's *Homœopathic Bibliography*—a valuable but unappreciated book.

A BIT OF HISTORY.—"Every year is bestowed the Llewellyn Scholarship in memory of David H. Llewellyn, formerly house-surgeon to the hospital and afterwards surgeon to the 'Alabama,' when she had her historic fight with the 'Kearsage,' off Cherbourg. The last boat was departing and they called to Llewellyn, who was on the sinking ship: 'There's just room, Doctor.' 'No,' he replied. 'I won't endanger the wounded.' And, heroically, he passed to a hero's death."—*Dr. A. B. Clarke, London, in Medical Era*, July.

AFTER-EFFECTS.—After a man has been inoculated with syphilis "iodide of potassium, like salvarsan, is a good cicatrizing agent" (French Letter, *Lancet*, July 27), but the disease is still there and takes on other forms undreamed of in the orthodox text-books. Such, broadly rendered, is the tenor of several communications recently printed in the London *Lancet*. It is all confirmatory of the basic principles laid down by Hahnemann in his *Chronic Diseases*. When a man is inoculated with pox or any other diseased matter so freely used to-day the immediate inoculation may not show, but it lays a broad foundation for future diseases in which the real cause is not suspected. In short, if the Englishmen who write for the *Lancet* on the subject are right the much boasted measures by which modern medical science claims to prevent one disease is merely the means of multiplying possibilities for others, just as Hahnemann pointed out in his great work. Several hundred million particles of "dead" typhoid tissue injected into a healthy man may protect him from typhoid, but if it does it looks very much as if it were on the general principle that the greater overshadows the lesser. Good health is the greatest of "immunizing" agents, and is it possible to raise its standard by putting diseased tissue into the blood?



AN OPENING FOR MISTAKES IN DIAGNOSIS.—Dr. A. A. Thib-audeau (*Journal A. M. A.*, Aug. 10) reports finding several varieties of *spirochæta* in 61 mouths out of 149 that he examined, and in none of them was there a history of syphilis. He does not say that these were the *pallida*, but they looked like them, so much so, indeed, as to open "the possibility of these organisms causing a mistake in diagnosis." It also raises the shadow of a doubt, in skeptical minds at least, as to the accuracy of bacteriological diagnosis in all diseases when it is recalled how many "micro-organisms" said to cause dangerous disease are found on those who are enjoying, and who continue to enjoy, good health, and, also, by reports of cases where the patient has the disease but not the micro-organism.

CURIOUS REASONING.—A correspondent of the *Wisconsin Medical Recorder*, giving no post office address, tells of four in one family down with diphtheria, all of whom received injections of diphtheria antitoxin. Two, children, died because the serum "was put off too late." The two others received the same treatment and recovered. The bald facts are that four received the serum and two of them died. There is just as much ground for arguing that two of them received the serum too late for recovery as there would be to reason that had they received none they would have lived. Wonder if the same proportion of carbolic acid in distilled water as there is in antitoxin would not be fully as effective and not so dangerous? Why not try it as other things have been tried? It would be an enormous saving in expense in this "increased cost of living" age if successful.

CURIOUS REASONING.—The argument is going the rounds of the scientific medical press that while tetanus antitoxin is a great preventive it has no value after the disease is recognized. Now, with due regards to the scientific medical press, this is very poor science; indeed, it is not science, only assertion. The disease seems to generally originate in some slight injury, be it even a scratch. Such injuries are an almost daily occurrence to every one, yet very few get tetanus. How, then, can any man, especially a medical scientist, gravely set up the claim that tetanus antitoxin prevents tetanus and hope to be considered a medical

scientist by reasoning men? If, for every scratch or pin prick big enough to admit the "germ," there were to be administered an injection of this antitoxin, which is a flat failure as a cure, there would not be a sufficient number of horses in the world to supply one thousandth of the needed amount.

DOES NOT WANT TO BE "PROTECTED."—"People who try to protect others by way of legislation generally gain the halo of philanthropy in an easy manner, but I am positive that if these very people, who are so much afraid of the dangers which come to the public from so-called quack physicians were in danger of life they would be the very first ones to avail themselves of their services. Everyone tries to find cure, wherever it may be possible for him to get it; like King Saul, all will go to the Witch of Endor in time of need, whom previously they were satisfied to burn or kill.

"The question is: Does the public wish to be protected?

"I claim that I belong to the public, and I object to being protected in that way. (Laughter.)"—*From an Address by Rabbi Solomon Schindler.*

LIFE.—Herbert Spencer defines "life" in these words: "Life is a continual adjustment of internal relations to external relations." At first reading this appears to be very profound, on a second reading it becomes misty, while after several more perusals it dawns on one through the mists that it is not a definition of life. It is like saying the turning of a windmill is wind. Certain eminent scientists propose to manufacture life, to prolong it indefinitely, and to create babies without the conjunction with a male. The whole demonstrates that life, be it what it may, assumes, or is made to assume, curious phases, as may be seen out of, and in, the asylums.

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### NEWS ITEMS.

Dr. Charles Deady announces his removal to "The Seminole," N. E. cor. of Broadway and 69th St., New York City.

Dr. J. A. Rice has removed from San Francisco to Live Oak, Calif.

Dr. W. W. Sherwood has not removed to Peoria, Ill., as was stated in the September RECORDER, but to 12 Poplar St., Pana, Ill.

## PERSONAL.

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The Captain remarked, with indignation, "I'm as orthodox as h——!"

Many a man takes offense who wouldn't wrongfully take anything else.

Every one wants his doctor to "take an interest," but objects to him taking the principal.

It takes a keen observer to distinguish mothers from daughters these days.

He apologized for not attending her party and she replied: "Oh, weren't you there?"

The Ananias Club will have to enlarge its quarters or start a waiting list.

The central figure at a funeral doesn't mind whether it goes off well or not.

"Run over by the wheels of progress" they wrote on the tomb of the man killed by an auto.

Very few battleships ever have or ever will fire a gun with intent to kill, for which thank God.

Those fashion leaders, the straw hat smashers, received it in the cervix this fall, and thereby added to the general gaiety. \$7.50 fine for each hat.

Advanced medicine is excitingly uncertain.

Tyranny generally gets its grip under cover of "protecting the people."

Antityphoid vaccination in *healthy* persons is a useless procedure."—*J. A. M. A.* Then why not in others?

In the last analysis most reformers' method is to hammer out the sinners' brains. "That will effectually settle 'em!" Very true.

After all has been said it remains that a thing is true because it is the truth, and for no other reason.

Sometimes one inclines to the profane belief that what "The Council" doesn't know about drugs would fill a Carnegie library.

Claude thinks that joke editors have suppressed the "chestnut bell" because its ringing grew monotonous.

Some one ought to form about ten million Anti-Loud-Talking and Loud-Laughing Societies.

All Jokesmiths are thieves.

Never be "*perfectly* frank" else you lose him.

"Mr. Editor, how can you count poultry before it is hatched?" asks Sweet Alice.

A transplanted wallflower generally blooms very satisfactorily.

They say the only way a woman client can outwit her lawyer is to marry him.

"The more time the less sand," said the hour-glass.

Except in the funny papers hubby smokes wifey's cigars (the present) and brags about their quality.

# THE HOMŒOPATHIC RECORDER

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## MODERN MEDICINES

The careful reader will note that this heading is "Modern Medicines," not Modern Medicine. The text of it is a paper read by M. I. Wilbert, of Washington, at the Atlantic City meeting of the A. M. A., entitled "The Work of the Committee on Useful Remedies," together with the "discussion," all of which is reported in the official *Journal* of Sept. 28. To begin with let us give the difficulties encountered by a practitioner of Modern Medicine in finding Modern Medicines, in Mr. Wilbert's own words:

"The difficulties that would be encountered by a physician in active practice in any attempt to differentiate between useful and useless articles will suggest themselves to any one who will take the time to look over one or more of the current price-lists of drugs and proprietary medicines. The many thousands of meaningless names found in such a list are disconcerting to even the best-informed medical practitioner, and to one who can give only a limited amount of time and thought to the subject they must be quite as confusing and meaningless as the names of so-called patent medicines are to the ordinary layman; since this is so it need not surprise us that the physician absorbs much of his incentive to use a given drug or preparation in much the same way that the layman does—from the say-so of others in advertisements or the so-called standard works on the subject of *materia medica*.

The present-day status of the use of medicine has been designated as consisting of series of vicious circles: Patent medicines are used by the laity because they are advertised by manufacturers, and they are advertised by manufacturers because

they are used by the laity. The closely related proprietary medicines are prescribed by physicians because they are advertised in medical journals, and they are advertised in medical journals because this leads to their being prescribed by physicians. Official remedies are official because they are endorsed by text-books, and are endorsed by text-books because they are official.

"Up to the present time little or no attempt has been made to classify systematically the more useful or more promising medicaments. Even the teachers of *materia medica* in medical schools are helpless in this respect because of the fact that the several State medical examining and licensing boards are likely to ask questions on all sorts and kinds of medicaments, and teachers of *materia medica* of necessity feel that they must teach at least something about all of the different official articles and many of the more widely advertised non-official preparations."

From this it seems that the allopathic doctors, and the laity, alike prescribe medicines on the say-so of the advertiser. This state of affairs is blamed on the examining boards, rather lamely it seems, because the "vicious circle" might be extended to include "the colleges teach about these proprietary drugs and the examining boards question about them," or the reverse, if you prefer it. The discussion, however, showed that the assembled doctors placed the blame on the boards, even though these boards are but the creatures of the Allopathic Medical Association. It is all very curious, and calculated to make cynics grin "most demnibly." Here are some shots at the boards from the printed discussion:

This is from the remarks of Dr. W. D. Calvin, of Fort Wayne, Ind.: "Shortly after leaving college I passed the State Board of Minnesota, considered a hard board at that time. Three of the questions in *materia medica* were concerning drugs that I have never used from that time to this. The examination simply tested us out to see if we had gone through the pages. Was that practical? No. Many of our State boards are still asking these questions. Among the State boards of the United States appointed through political pull many a member is not able to answer the questions he asks. That is not true, of course, of the boards that are appointed at the suggestion of our State medical societies and not entirely true of the others. I would not make a sweeping statement of that kind."



Dr. Hobart A. Hare, of Philadelphia, is reported as saying, among other things: "Half of the number of hours that I devote to lectures could be more advantageously employed if there were no State boards because, like Dr. Calvin, I am forced to teach facts which will not be used in practice merely because they will be used in State board examinations. A few years ago a member of a board asked what the dose of *Santonin* was for a babe of eight months. I have never yet seen a babe of eight months with roundworms. I would not have known what to answer myself. When I wrote and protested the examiner replied that he did not believe that my criticism needed further consideration. Dr. Councilman told me that he believed that the best form of examination—a practical one—was that used in Massachusetts. This means that the man who can prove to the board that he has practical knowledge will be licensed, whereas most of our boards ask questions, correct answers to which do not prove that the applicant is a competent physician to practice."

Pretty warm, that! Dr. S. Solis-Cohen, of Philadelphia, went a little aside and put this poser—which no one answered: "*Potassium citrate* may be the only diuretic salt needed at Yale, but some of us have formed the habit of using *Potassium acetate* occasionally. Why should the American Medical Association say, even to Philadelphia barbarians, 'You must not use "tweedledum;" you must accept the dictate of Olympus and employ 'tweedledee?' This question is not so simple as one may deem in looking at it from the purely personal point of view. I have no objection to Yale's restricting itself to twenty drugs, or to Oxford's restricting itself to four, or to Harvard's restricting itself to none; but if the patient happens to be under my care and my judgment tells me that I shall use a remedy which is outside of the twenty or the four that are sacrosanct, or even the nine hundred and forty that are officialized, what is my duty under the circumstances? To bow to some prohibitive restriction imposed in ignorance of the existence of that patient and of the conditions that he presents, perhaps in ignorance of the existence or of the influence of the remedy I propose to use? Maybe so—but I do not see in that light."

Good for Solis-Cohen, we say.

Dr. M. Clayton Taylor showed that "vicious circle" in another

aspect. He said: "The important part that the State medical boards of this country play in the teaching of pharmacology and therapeutics in our medical schools has not been sufficiently emphasized. The young man who is about to enter a medical school, of course, wishes to enter the best. He selects one of the colleges which has most of its graduates pass the State board and the way we decide their respective rank is by the report we find once a year in the *Journal* of the American Medical Association. How do we classify medical colleges in their reputation? They are beautifully classified according to the number of men who pass the State boards successfully. The school with the fewest failures is considered the best school. Considering State boards as the best judges of the reliability of medical schools, we must consider what a powerful factor the State board is. A few years ago in Pennsylvania the question was asked: 'How much tincture of *Pilocarpus* is equivalent to 1/20 of a grain of *Pilocarpin hydrochlorid*?' The students could not answer the question and brought it to me. I told them that the question could not be answered because the amount of *Pilocarpin* varies in different specimens of the drug, and again we have no standard-strength tincture official. How could you make the comparison to determine how much tincture? That is the kind of questions our State boards ask. The whole solution of this problem is to have men on our State boards who will ask sensible questions. Then our teachers of therapeutics, as Dr. Hare has said, will not have to teach one dose for the State board examination and another dose for actual practice."

Dr. Keebler, of Washington, touched on an exposed nerve when he said: "One argument against the restriction of the number of these drugs is that the Pharmacopœia is the law and the standard. With the present construction of the law I wish there was no Pharmacopœia, because if the Pharmacopœia is made a standard we are virtually restricted to that standard. We have no discretion in going further."

Now it seems to us that Dr. Keebler touched the exposed nerve. When the civil law steps into medicine medicine becomes rigid, just as it was in Babylon and Egypt countless years ago. In those countries, according to the antiquaries, if a man prescribed according to law he was held guiltless no matter how

it fared with the patient, while if he departed from the law, in search of something better, and the patient died, *he* was held responsible for the death.

Brothers of the A. M. A., do not go too far in the matter of mixing medicine and civil law.

From all of the foregoing the attentive reader can see that our "regular" friends are in a state of chaos so far as therapeutics are concerned; and the public, rightly or wrongly, the public for whom the medical profession exists, is chiefly concerned in therapeutics—cure. Cannot our esteemed friends (and our very advanced homœopaths) see that the vitality of Homœopathy lies in the fact that, in the last analysis, *similia* is the law of cure, and that it has "made good" as has nothing else? The medically unlettered public is no fool; it sees the learned doctors of what claims to be medical science forever and ever shifting and changing their treatments; what was medical science one day is antiquated folly the next day, and so it has gone on as far back as medical history goes. You, Dr. Regular, who perchance may read these lines, know that this is but a statement of fact, and the public in a less degree see it, and so we have the enormous multiplication of "cults" against which you righteously, but vainly, rage. You may count Homœopathy as one of these cults, but it has remained unchanged for over a century, always brilliantly curative, while your treatments and the "cults" come and go in common and are forgotten—mere medical chaos.

This is but a statement of fact. It is for you, intelligent and learned men, to see its moral; cease your vain hunt for a panacea, and learn "*the science of therapeutics*"—the law of *Similia*.

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## THE GENIUS OF HOMŒOPATHY

By C. M. Boger, M. D.

A movement having inherent vitality enough to grow for one hundred years thereby seems to show that it is well grounded in human experience. In spite of this, however, the law which Hahnemann promulgated has not found general acceptance, although there have been many brilliant demonstrations of its power.

The intangible standpoint from which Homœopathy approaches the whole subject of the treatment of disease doubtless has much to do with this. For the allopath everything is visualized. He is taught by demonstrations in anatomy, pathology, bacteriology, diagnosis, etc., and is finally shown the obvious uses of remedial measures. Homœopathy reverses all this and rests its curative measures solely upon the dynamic reaction of which the human economy is capable, holding that all else is of secondary importance and will take care of itself.

No two methods could be more diametrically opposed to each other. The older one appeals essentially to common reasoning, while the newer system accords more completely with the findings of pure dynamics. It is in itself a great triumph that the later and latest developments of science in general move toward and tend to confirm rather than destroy the fundamentals of Homœopathy. Anticipating general scientific demonstration, no new method was more calculated to arouse the keenest opposition, where it did not convince. This is doubly true because Hahnemann seemed to come perilously near erecting a natural law into a dogmatic doctrine in his *Organon*. The age in which he lived, the many bitter persecutions which he underwent, his clear homœopathic experience and finally his own deep and well-grounded convictions all played their part in bringing about this result. Many of us have good reason to know that in some degree at least such is the effect of pure homœopathic experience, repeated again and again.

The very successes of the closer followers of Hahnemann have at times proved to be a weakness, because they have bred a host of shallow imitators whose love of pelf and power generally outweighs their humanity. Men of this stamp have at times dominated situations or formed the poisonous undercurrent of our body politic. Others more honest, but yet incapable of grasping the true inwardness of the law, have tried to implant distorted homœopathic ideas in allopathic soil, with the most direful results. With all of their pretensions or abominable practices neither has been able to corrupt it entirely. The former group is rapidly moving toward a well-earned oblivion, the latter must soon come to see the incongruity of its position.

To the real homœopath there open up vistas filled with hopes

to which the materialist with coarser conceptions of disease must forever remain a stranger. To the latter the finer evidences of sickness, arising as they do well within the central nervous system and there first making themselves felt in the feelings and conduct of the sufferer, long before any pathological change can possibly have taken place, are a very *terra incognita*. Contrariwise they help the alert homœopath to correct his bearings and unravel difficult cases. It must not, however, be imagined that he uses them in place of the ordinary diagnostic methods, but he rather avails himself of their additional aid in diagnosis; but what is of far more importance he starts from them in search of the most fitting remedy, knowing full well that the knowledge of such interlocking symptoms is fundamental for his success.

Many an allopath feels the weakness of his drug therapy, but as the homœopathic mixer does not differ greatly in his methods or successes he sees no particular reason for changing. He also knows that his own school is slowly reducing the death rate, and that the liberal homœopath is unable to equal the record of the old guard; moreover the Hahnemannians seem quite a negligible minority. Then why should he change or think about the matter at all? Such a state of affairs cannot endure and in a relatively short time all physicians will either belong to one of the wings of the allopathic school or practice as pure Hahnemannians.

The pure homœopath achieves results that can mean but one of two things; either the seeming nothings which he prescribes allow nature to have a full and free opportunity to free herself of disease or they incite a reaction which is powerful enough to sweep everything before it. If the former be true, the commentary on allopathic medicine can hardly be expressed in gentle language; if the latter is the case, every well-meaning man owes it to himself, to his patients and to humanity to make himself master of such an art.

Unless, however, he has grown up from his youth seeing more or less of good Homœopathy, he will of necessity have to put aside many prejudices and preconceived ideas and learn many a lesson anew. This is perhaps one reason why good Homœopathy grows slowly.

Modern life views and does things in the mass and this same



idea permeates medicine, which classifies, names and treats diseases rather than patients, but in doing so it keeps step only with the cruder part of general science; entirely neglecting the minutæ by the aid of which the latter is winning its magnificent victories. For this reason, above all others, it needs pure Homœopathy, the only science of human sickness which also views it largely from the standpoint of the sufferer. Did it ever occur to you that you cannot see all of any one thing from the outside and that every single conscious thing has a viewpoint of its own by which it colors all that it beholds? Now this is just what the sick man also does, and until you as a physician can at least partly see as he does there is much to learn. His views may be quite erroneous, but a study of his changed attitude is tremendously revealing and often points right toward the truly curative remedy.

The *Organon* tells how to go about finding out upon what evidences of sickness particular stress is to be laid, and by applying its precepts at the bedside we soon learn that it teaches much more than a fine-spun theory. The results of following its teachings are so satisfactory that very few conscientious men ever depart from the straight homœopathic way. This is a great point in its favor.

It has been said that Homœopathy is intolerant, but because the real homœopath sees the operation of a natural law which his opponent cannot see, it does not make him a bigot. Newton saw more than his predecessors did, so did Hahnemann; and it is only blind prejudice and want of the proper perspective that prevents a universal acceptance of the law of similia now.

A large part of the general public has arrived at the conclusion that the recuperative powers of nature are more hindered than helped by large doses of medicine. Under the older *regime* this position has certainly had much justification, but in Homœopathy it can apply only to the mixers. How important it is that our practice should be pure is then self-evident from this standpoint at least.

Parkersburg, West Va.

## THE NATURAL TOXINS.

Editor of the HOMŒOPATHIC RECORDER:

Permit me to refer briefly to the article appearing in the September issue, by Dr. Freeman, entitled "*Defective Reaction.*" In speaking of *The Natural Toxins* Dr. Freeman says: "The *Potency* has not proved beneficial." Now as the originator of the method of obtaining the natural toxins free from extraneous matter, and of using them, both the autogenous natural toxins (the autotherapeutic remedy) and the heterogenous natural toxins (the best biological substance as a prophylaxis for disease), I will state that the natural toxins I obtain by straining the exudate of infectious diseases through a Berkefield filter are used by me almost daily in the one thousandth potency successfully. These natural toxins are perfectly clear and transparent. They are especially useful in chronic conditions.

I believe Boericke & Tafel are equipped to run these up in a comparatively short time at no great cost. The last potency should be made with glycerine, as alcohol is known to precipitate the toxins of some infectious diseases. The meaning of the words *Natural Toxins* and *The Corresponding Nosodes* should not be confused. The writer is indebted to Dr. Freeman for able and friendly criticism of many of his papers while he is developing autotherapy, but there are some points upon which we do not agree; this is but natural.

CHARLES H. DUNCAN, M. D.

233 Lexington Ave., N. Y. City.

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## THUJA IN VACCINE DISEASE.

Editor of the HOMŒOPATHIC RECORDER:

On the seventh of this month I vaccinated a girl of seven years, successfully, so far as the reproduction of the cow-pox was concerned. But the "effect" was terrible. I have had experience with the genuine disease, and I would rather have the disease itself—small-pox—than the suffering this little patient had, until the antidote was given her. This patient presented typical constitutionad symptoms of the disease, plus a terrible swollen and inflamed arm, *un-pathognomonic* of the disease. On

the latter symptom my choice would be to have the disease if I could not find a remedy to give me prompt results. In *this* case it was our well tried *Thuja* on the following symptoms: Several enormous pustules, rash on body, diarrhœa and a high fever, announced a dangerous state. I gave the patient *one dose* in the ten thousandth potency, and in two hours she quieted down, slept all night (sleepless and restless for forty-eight hours), and awoke on the morrow free from all suffering.

Formerly I used the remedy in the 30x, single and repeated doses, but the 10 m. was superior in this case to counteract the bad effects of the operation.

J. W. KING,, M. D.

Bradford, Pa., Sept. 25, 1912.

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## REVISION FOR THE 1913-1914 INTERNATIONAL HOMŒOPATHIC DIRECTORY.

84 Holland Park, W., London, England.

*Dear Colleague:*

The time has come when we must carefully collect and record the changes and additions to the Directory of 1911-1912.

The labor and expense of collecting the data is being borne by the writer, who has not the time, nor can he afford, to make a second appeal for your help in this International Directory work.

The *Journal of the American Institute of Homœopathy* for August contains the report of Dr. George Peck, chairman of the International Bureau of Homœopathy, and his remarks on the need and value of this Directory fill his three-page report. He says in this connection: "No greater surprise has overtaken our profession during the past year than the marvelous change, both in size and contents, that has occurred to the International Homœopathic Directory. . . . And yet there is nothing irrelevant between its covers. The information the volume imparts should be in the possession of every single member of this Institute, for is not this a nation of globe trotters, our patrons its most educated people, and ourselves responsible for their well-being abroad as well as at home? . . . It is the most complete exhibition of the homœopathic school in detail that has ever been presented. . . . Its price is reasonable, being only 4 shillings. . . . It has

been intimated that unless the Directory receives greater pecuniary encouragement than it has hitherto, its publication will cease. . . . The number of Americans who subscribed for this work in advance, thereby securing the admission of their card and a copy of the book for one dollar, was just seventy-three! Ridiculously few! . . . This circumstance reflects on our general intelligence, questions the depth of our interest in Homœopathy and disproves the sincerity of any professed regard for our clients. Shall this condition abide? The discontinuance of the Directory would result in irreparable damage to the cause and in the death of many of our best citizens."

So spake Dr. Peck in behalf of this standard work.

As intimated, there has been a serious financial loss on the production, and which even much better sales on the next issue will not recoup, but we labor and are inclined to think that it has a place on every good Homœopath's desk, so this is now being brought up-to-date from a pure consideration of duty to our school.

The writer has letters in his possession asking sharply, why these writers were not personally informed of the previous issue, when they would have had their cards inserted; some, at least, of these are not to be found in the list of members of the A. I. H., so how were we to find them? Let these consider for a moment what this personal canvass and detection would entail.

The editors of the various journals very generously gave good announcements and in plenty of time; it is now requested that these editors will again extend their courtesies to this Directory by a few words of notification.

Matter sent us will be inserted in proper order, and by this means the writer hopes to be able to bring every country up-to-date.

Special effort is being made this time to include and note all those of our European colleagues (who are at last awakened to the value of this work to Homœopathy) who speak English, because it is clearly understood that our patrons would prefer to tell their symptoms in English, therefore to the profession and the travelling public this fact alone is of the greatest importance. European colleagues, please send me a perfect record of all of our men who speak English at once.

Those of you who receive lists and pages of the Directory of your country for revision are asked to do Homœopathy the great service of at once sitting down and working for a few hours, as many others also do for our cause; we specially ask you to consult the latest mailing lists of societies, also the lists of subscribers of your journals, and fulfil the promise some of you gave the writer at Zurich, and let us all see how much strength we have in your country, not forgetting to mention those who speak English. Your colleagues will thank you accordingly.

This Directory has been called very important by many who have taken the time to consult it, and a study of the enclosed leaflet of arguments will convince you also.

We wish to receive any information about hospitals, societies or statistics of which you will vouch the reliability.

Any who prepay four shillings are entitled to a brief card naming their specialty and professional appointments. Details and remittance should be sent to the writer or the publishers, the Homœopathic Publishing Co., 12 Warwick Lane, Pater Noster Row, London, E. C.

If prompt response is obtained it is hoped to have this revised edition ready for distribution in January next, the exact date of which will appear in the *Homœopathic World*, but subscriptions and cards will be received at any time prior to this.

Suitable advertisements, especially of our colleges, post-graduate courses, pharmacies, homœopathic medical works, etc., will be accepted at the rate of three pounds stg. per page for simple setting.

The enclosed sheet gives 16 reasons for becoming a subscriber to this Directory, which is really more than that, it is a record of statistics, hospitals (having 17 full page plate engravings of some of our largest hospitals, etc.) and a fund of general homœopathic information which will provide pointed arguments in talking with your patrons. Your position will feel much stronger after seeing the disposition of our work and workers, whilst the enclosed sheet will also tell you how Dr. Dunn, of Chicago, died in Naples, not knowing that there was a homœopath in that city, whereas our Directory would have shown 18 homœopaths and 5 special homœopathic pharmacies were in that town.

Giving this information now asked is seriously urged, having



in mind our good name and the fate of our much respected colleague who died whilst on a pleasure trip, such as you may take or such as you may order your patients.

It is surely good to know where your brother homœopath resides.

I sign myself your servant for Homœopathy,

E. PETRIE HOYLE.

P. S.—The same urgency applies to our colleagues and pharmacies in every country. When Homœopathy is needed it is often of more urgency when the call is uttered in a country where facilities are few and far between. The above arguments seem to have been carried out as between Europe and U. S. A., but the question is now and ever—world wide and international.

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### “SALT: ALL ABOUT SALT”

(This is the title of a paper by Dr. W. B. Parsons, of Missoula, Montana, published in the August issue of *Medical Era*, from which we quote the following.)

Our first baby, which was a “bottle baby,” was taken suddenly and seriously ill, with cholera infantum, at one year old. It was in June and the weather was quite warm. From a fat, healthy baby, it dwindled down to a mere skeleton, and no one expected it to survive. We then practically knew nothing about microbes, but no child ever got better care and treatment than it. The bottles, tubes, nipples, everything about it were boiled and kept scrupulously clean. After two or three months, when it was so weak it could hardly cry, it wanted something, but we couldn’t find out what it was. It was noticed that every time it was taken near the dining table it would try to reach its little bony hands towards it and cry. There was often nothing on the table but dishes and a salt and pepper box, and that was what fooled us. One day it made such a determined effort to get to something on the table that it was held down close to it, when it seized the salt cellar and clung to it with desperation. That was what the poor, weak, helpless baby wanted and couldn’t talk to tell us. We have never seen anybody—any animal—eat anything so ravenously as that baby did the salt. Fearing that it might eat too much, it was taken away by force, and every day he was

given a reasonable amount several times, and it at once began to improve and get well, to the surprise of all. We have never ceased to regret our stupidity in not finding out its want. Many sick people have a craving for something, mostly buttermilk or lemonade, and sometimes cucumbers, etc., but no matter what, they should have it, not too much at once.

There never was a more damaging and misleading saying than: "Salt is healthy; eat plenty of salt." We are not contending that small, reasonable quantities of salt are harmful, but it is the excessive, habitual use of it, to which we desire to call attention. There are "salt fiends"—hundreds and thousands of them, and they don't know it, don't know its effects, nor do physicians know it, and, nine times out of ten, salt is taken to cure just what it has caused. It is one of the most astounding enigmas in the world that the human family has been taking inordinate quantities of salt for thousands of years, under the false impression that it is healthy and absolutely necessary; that life is dependent upon it; as much so as air and water. Its consumption is not confined to any class or condition—all must have it or die? Its continual and excessive use will eventually bring about organic changes which are irreparable. Old "salt fiends"—those of the underworld, who have been "on the turf" for many years—swell up like a toad. Their lower eyelids will puff, very much resembling those of a bullfrog. Their legs swell during the day (gravity) and go down at night; their general appearance is puffy, "water-logged" expresses it, and they look like one could stick his finger in them as easily as in a roll of butter. It does seem that some things "come to one" and impress themselves unexpectedly, just as at the right place and time; accidentally, probably, but could not be any more satisfactory if deliberately planned. A combination of circumstances "put me on" to the deleterious and toxic effects of salt; something I had never heard of or read about, and to say there was great astonishment, is putting it mildly, and this is the case that "started the ball to rolling;" Miss D. at sixteen years—rather stout, florid complexion, good family history, regular in all particulars and healthy, excepting that she had "fits" at variable intervals, and always while actively exercising, as in dancing, was brought for treatment. All such cases are serious, and hers was particularly so, in view of the

fact that she was just budding into womanhood, and, but for this affliction, had bright prospects in the future. A most searching and thorough examination was made, no hereditary taint or tendency to any disease was elicited. The bromide treatment, regulation of diet, etc., was instituted. About a month afterwards we were called to see a sick man about forty miles away and near her home. There was a dance close by that night and we attended. Our girl patient was there, and was strictly "in the swim," dancing in every set, in a crowded, stuffy room. Finally, she fell to the floor in a typical epileptic convulsion, unconscious, frothing at the mouth, muscular contractions and relaxations on the left side, etc. She was taken to fresh air, clothes loosened, cold water applied to the face, etc., when she became quiet, and, after a short nap, was herself again. The next day while at dinner at her home, her mother helped her to a cup of coffee, into which she put two teaspoonfuls of salt. The mother said, "Just look at G. putting salt in her coffee. I never heard of such a thing, nobody else does it, and she's just got to stop it." This little incident threw a surprising flood of light on the subject. Could it be possible that salt was the cause of her "fits." We soon ascertained that she had been taking enormous quantities of salt for several years; that she put it in her milk, in water and on her buttered bread instead of sugar; also on apples, and frequently ate it "raw" out of her hand. No medical book or journal at hand said a word about it. We had never heard it intimated that salt had any other than beneficial effects, but everything went to show that it was really and truly the genuine "nigger in the wood pile." Of course, its use, except in small amounts, was stopped at once, and she had no more convulsions. We felt that a discovery had been made, accidentally and of immense importance, and an investigation was immediately begun with almost incredible results. Dr. Franklin said that people do not need instructing so much as reminding. This case was an "eye opener"—a warning, like the rattle of a diamond Crotalus. We were confronted with the surprising fact that we were in a similar boat with the young lady, not so bad, but getting there all the same. We had been taking large quantities of salt for years, and had a group of symptoms that, now, were "as plain as daylight," but had no more idea as to the cause than the

"man in the moon" until this case "gave us the hunch." We were raised in a locality where there are many springs, all of which contained salt; a few, very much, and the others less, and this water was drunk almost exclusively.

A small amount of salt imparts a sweetish taste to water, and after becoming habituated to its use, cistern water, which has no taste, paradoxically, tasted bitter, and never was drunk when the (salt) spring water could be obtained. Some one said that "no smell is more generally agreeable than no smell," but this does not hold good as regards the sense of taste. After leaving a middle state, where these springs were, and locating here (in Montana), notwithstanding the fact that there is no purer and colder water on earth, there was a continual longing for the spring water "back at home," and finally, during a siege of typhoid fever, the desire became so urgent that ten gallons was ordered and did good by supplying the annoying want, but the expense was too great for a permanent indulgence. On relating "our tale of woe" to a boyhood friend, he suggested that salt be put in the mountain water, and we couldn't tell the difference—and it was so. From that time to the girl's case, several years, not a drink of water, milk or beer was taken without being well salted, when it was possible to get it. Every night a pitcher of salted water was placed near the bed, and partaken of through the night. Peculiar lights of all kinds, colors and shapes, were seen at any and all times, when the head was lowered, as in washing the face, a man was seen writing on an old district school blackboard with chalk, and rubbing it out with the woolly side of a small piece of sheepskin. It was quite easy to find other similar cases, indeed, many of them, but it was difficult to convince them that salt (who ever heard of such a thing) can be the cause.

Dr. P. who had ridden thousands of miles on horses in the practice of medicine, at forty-five years of age began to get dizzy, and came near falling off his horse, and finally, at about fifty-five, he could not ride one at all, nor could he remain on any elevated position, because of "swimming in the head." He was strictly temperate, had smoked tobacco, but quit it. He also quit many articles of food long enough to learn that they were not the cause. He often said that salt pork made him worse, and he quit

that, but not the *salt*, of which he ate freely, never for a moment suspecting it, and died ignorant of the cause, which I now know was salt. A friend told me that he knew a man who ate great quantities of salt, a firm believer in the saying "salt is healthy; eat plenty of salt," and died a most horrible death, saw all kinds of ghosts, hobgoblins, buggers, etc., as all salt fiends do, or will, if they keep it up long enough and in large enough quantities. In Roumania, prisoners are compelled to work in underground salt mines, and it is but a matter of time when they die of "saltification," their systems becoming completely saturated with salt, its mode of ingress being pervious orum, in food and water, etc. There may be very small quantities by skin absorption. Salt doesn't float around in the air, and that large class of "bad feelers" who go to the coast to breathe "salt air" may just as well stay at home and chop wood. The great amount of salt eaten by most people is wonderful. It reminds of prescribing turpentine in teaspoonful doses; the patients all kick. They are then told that in the turpentine camps in the South, men often drink a pint, and some a quart a day, and it doesn't kill, but makes 'em boozy. Physicians are occasionally consulted by persons, mostly those past middle age, because of dizziness and failing memory. Our first question is, "Do you eat much salt," and more than fifty per cent. will answer, "Yes; what's that got to do with it?" They are then told many things about salt that they did not know before, or if they die, as some do, never give it a second thought. As a rule, they are incredulous, but our earnestness, backed up by a full knowledge of what we are talking about, carries conviction and they quickly see and consider the point and co-operate by "cutting it out" with beneficent results every time. In those old cases in which every organ and tissue of the body is completely "water-logged," it requires time to eliminate, being practically like a slab of bacon which has been salted down for months. It may be too late, destructive organic changes may have taken place and are irreparable.

Some years ago, with two friends, we went about fifty miles after deer, and, as prearranged, stopped at the log cabin of an old prospector, a G. A. R. man, who had tasted the grub in Andersonville prison. Although away out, and up in the mountains and many miles from his closest neighbor, he lived like a



prince, and "beautiful old nature" never made a lovelier place, to those who can stand solitude. Mr. B. had bear and deer meat, grouse and pheasants in the spring house, cold storage—and trout in a lovely stream right at the door. He is a splendid cook, and by the time we were due to come back from hunting, he had all that anybody could want ready on the table. We had repeatedly heard him "smacking his lips" while preparing a meal and was finally asked why he did it. "Salt, salt," was his answer, "I am continually eating it when I am around where I can get it." We were not hunting for salt, but this bit of information was valued more highly than the three deer that we got. "How's your memory, Mr. B.?" "Memory! I haven't got any, Doc. I'll be darned if I don't think I am going crazy. I can see all kinds of things, of all colors, and I get so dizzy I'm afraid I'll fall in the creek and drown. Can't walk a log as I used to, my head swims and everything turns black." It is well to state that Mr. B. is a "periodical"—comes out of his mountain den about twice a year, fills up on 40-rod whiskey and stays full for two or three weeks—goes broke—sobers up and returns home and drinks no more until his next "outing." "Well, Doc, what's the matter—can you do anything for me?" "Maybe so, Mr. B.; the cause of your trouble is salt, you eat enough to kill a horse." The expression of his eyes and the play of his facial muscles was a study. There was a blending of astonishment, incredulity and inquisitive doubt, succeeded by a minute's reflection; when he straightened up and said, "Well, such a thing never entered by mind—salt hurting anybody; why Doc, I've been eating bushels of salt for this very trouble, and now you say it's the cause, and it may be so." "I know it is, there's no doubt at all about it. Quit it. Do it now, and if you are not too far gone you'll surely get better." Considering his seventy years and the time he had been using it, the chances of recovery, or even much improvement, were slim. He has written three letters since, and in each succeeding one said he was better. It is remarkable to know what can be found by looking for it. Many things are seen and passed, attracting little attention or none, which in after years are found to be important or valuable.

## CONSUMPTION.

The full title of the paper and of its author is: "The Care of Consumptives. A Review and a Forecast. By Thomas Glover Lyon, M. A., M. D., Cantab., Senior Physician to the London Hospital for Diseases of the Chest, Victoria Park." (*Lancet*, Sept. 14.) The paper was read before the Hunterian Society as an annual address, which, with what is given above, marks it as an accepted exposition of modern medicine. Whether modern scientific knew any more of the origin or treatment of this condition (barring sanitation) than did ancient superstitious medicine (if we may coin a term) is the question.

"In former days," declared Dr. Lyon, "the disease was believed to be due to an inherent failure of nutrition and vitality." After dwelling on these old time superstitions, Dr. Lyon said:

"In 1882 came Dr. Koch's great discovery that tuberculosis was caused by a microbe, of which the tubercle was the nidus" (alias "nest") "—or, in other words, that consumption was a zymotic disease." This, as it were, the latest from the Bulletin Board of Scientific Medicine, plunges the student into deep depths of doubt and despair, for he at once asks himself, "are microbes the result of zymosis" (fermentation) "or are they the cause? Zymosis, according to Dr. Lyon, is the cause of consumption!" If he is a somewhat irreverent student he will reason: "If microbes cause consumption, and fermentation causes microbes, what in Hades causes fermentation?" But there he sticks. Some brash scientist may suggest the "enzyme" as the cause of ferment, the cause of the microbe that is the cause of consumption. Enzyme, "an organic substance of colloid structure, secreted by the body cells, which acts as a ferment, inducing chemical changes in other substances by catalysis." "Whence, then, the enzyme, the cause of the ferment, the cause of the microbe, the cause of the consumption?" asks the profane student. Really one can sympathize with him, for if some mighty scientist arises in the future who says that the enzyme is caused by a thingumbob that but removes the unanswered question back and again back if some other finds that the thingumbob is produced by a what-yemacallum, and so on *ad infinitum*.

Really it looks as if scientific medicine, in its deepest phases,

were heading back to despised theology, which, stripped of theologically scientific terms, amounts to this: That man's ills follow the violation of God's Law, and that Carroll Dunham was right when he said, "The greatest of therapeutic measures is 'Cease to do ill.'"

At this point some irate reader may exclaim, "But there is nothing in all this that tells me how to cure consumption!" Certainly not. Dr. Lyon was but dealing with causes, and the foregoing is but following his teaching with a logical microscope. If you want to head off or check the disease use common sense sanitation, while if you aspire to its cure there is nothing avails but Homœopathy. This last is unconsciously backed up by Dr. Lyon when, later, he said: "Then, again, I am convinced that patients receive too much medical attention." That is to say, too much creosote, tuberculin and all the rest of the agents at times advocated and assiduously practiced by those whose treatment is reported to be scientific. In the lexicon of these Homœopathy is not medicine, but it seems to do the work of medicine as does nothing else. Perhaps Homœopathy goes back of the microbes, the enzymes, the toxins, the end-products, the antibodies, the endotoxins, the phagocytes and all the rest of the lingo and touches the disease itself! Who knows? Certainly not the gentleman of the microscope. For that matter neither does the homœopath, but he knows that Homœopathy cures as does nothing else, and that is something worth knowing.

By the way, Dr. Lyon ought to read *The Blood*, by Béchamp.

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### THE MICROZYMAS VS. THE MICROBE.

(The following, by Dr. W. B. Clarke, appeared in the *Indianapolis News*, October 12. Clarke is a great admirer of Béchamp and his book *The Blood*, a book that demolishes—or tries to—the "germ theory." It now appears that other men are coming over to Béchamp's side.—EDITOR OF THE HOMŒOPATHIC RECORDER.)

THE MICROZYMAS.—An intensely interesting article on "The Microzymas in the Hen's Egg," with illustrations, appeared in the *New York Medical Times* for October, contributed by Dr. R. L. Watkins, the New York physiologist and microscopist.

This is the first article noted on the subject of the microzymas since it was presented in this column May 4, under the heading, "Pasteur a Plagiarist?" largely drawn from the *New's* article by the same writer, on the great French biologist Béchamp, published October 21, 1910. Béchamp demonstrated that these minute bodies are the constituent and physiological unit or basis of all anatomical life. He revealed the true functions of the glittering corpuscles, to which he gave the appropriate name microzymas. They are the basic biologic constituent of the blood cells, and all the organs, hence must be the basis of the work of the hematologist, or student of the blood. In these reside, as he first showed, the hitherto mysterious power of the blood to coagulate. Queerly enough, the dictionary does not help us in the definition of the term microzyma, for by an etymological solecism the name microbe, or pathogenic bacterial organism, supposed to act like a ferment in causing or propagating certain infectious or contagious diseases, was erroneously bestowed on this normal, life-giving and life-preserving and building agent by Pasteur.

Dr. Watkins plainly describes how these minute and interesting bodies, the microzymas, can be observed under microscope, as he teaches before his class, using the hen's egg as the medium of illustration. The contents of the egg have several envelopes—the shell, the strong membrane lining the shell (as impervious to germs as is the shell), the thin lining of the white of the egg, and the thin lining of its yolk. And besides these each microzyma has an albuminous coat. The microzyma is perfectly round and distinct microscopically, about one fifty-thousandth of an inch in diameter, floating in the red blood corpuscles by billions so numerous as to be uncountable.

These minute, active ferments are found wherever life exists, always at work, like bees in a hive, manufacturing something—a cell, ferment, bacilli, a filament of some higher organism of its own kind, and they even produce enzymes (soluble ferments), ptomaines (an alkaloid formed by putrefaction) and other substances. (And as Béchamp first showed so clearly, when they sicken they turn into bacteria and bacilli, though Pasteur was led into the dreadful mistake of calling them microbes.)

If the egg be violently shaken so that the membranes are ruptured, these physiological elements, the microzymas, are

placed in an abnormal condition and decomposition results. The rotting is not so much produced by germs entering the egg from the outside as from the transformation of the microzymas within.

Dr. Watkins concludes: "In the human blood we find the same thing occurring when there is septic material in the system, and most of the micro-organisms in septic blood originate within the system rather than from without, and this may be said to be responsible for all diseases in human beings, as well as in all the lower forms of life."

The vital point of the microzymian theory is that when it is established the knell of the whole now popular germ theory will be sounded and enshrouded with it the whole brood of animal matter inoculations, whether as preventives or "remedies." Indeed, Béchamp himself spoke plainly on this point, saying:

"All is danger in these experimentations, because you are not operating on something that is inert, but you are modifying in a certain manner, more or less injurious, the microzymas of the person inoculated."

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### ICHTHYOL INTERNALLY. A HISTORICAL SKETCH.

Such is the title of a little pamphlet by Dr. A. Rose, 173 Lexington Ave., New York. It ought to be decidedly interesting to homœopaths who happen to know a little about the historical phase of the subject. It must be confessed that we know very little concerning it, and that little is only hearsay, which may not be very accurate owing to the tricks memory plays, with some of us at least.

Dr. Rose treats of the internal use of this peculiar drug, which, it seems, was prescribed by Schwenninger, internally, in his treatment of Prince Bismarck, a use that was then unknown, or but little known, by our esteemed friends on the other side of the therapeutical fence. Dr. Rose writes: "A generally well known fact is that there existed, especially among the professors of the University of Berlin, a most pronounced animosity toward Schwenninger, and this may have been the reason why his original method of treatment was passed over in silence." The original method was the internal use of the drug.

At this point comes in our memory of talks with the older



generation of homœopaths. These men avowed that Schwenninger was really, though not avowedly, a homœopath. One of the stories they told was of the time that Schwenninger was first called in to the great Bismarck. He asked questions concerning the disease, its symptoms, modalities, etc., instead of going into the usual elaborate physical examination, though it is probable that he made this later. At any rate, as the story goes, the patient became impatient and must have intimated that the doctor asked so many questions because he didn't understand his business. At this Schwenninger flared up and said that the Prince ought to call in a horse doctor because such doctors did not question their patients. This seems to have aroused the grim mirth of the man of "blood and iron," and he must have changed his mental attitude, because Schwenninger was his physician for a number of years. Now it is possible that Homœopathy had as much to do with the remarkable improvement that set in under Schwenninger's treatment as did *Ichthyol*, concerning which Dr. Rose writes, though, of course, this is a mere supposition.

*Ichthyol* is a distillate obtained from a shale found in Tyrol, and is supposed in some manner to be connected with geological deposits of fossil fish. The dispensatory says that it is used as a local alterative in chronic eczema, chronic urticaria, acne, intertrigo, lupus, and many other skin affections. Says the dispensatory: "Applied in the pure form to the sound skin it produces irritation and burning," which fact seems to show that its action is homœopathic. Curious that medical men cannot see the great law that stares them in the face on all sides!

This drug seems to have been proved: at least we read in Bradford's *Index of Provings*:

### **Ichthyol.**

Macfarlan: Tr. Hom. Med. Soc., Penna., 1898, p. 347. Rev. Hom Belge., V. 25, p. 339.

Not having a copy of either at hand we cannot say what is said in them concerning the drug.

Boericke gives a short abstract to the effect that it is useful, in the low potencies, in winter coughs and bronchitis of old persons, chronic hives, chronic rheumatism, uric acid diathesis, scaly and itching eczema.

Dr. Rose quotes several men on its internal use (since Schwen-

ninger), and they agree that it exerts an unpleasant influence on persons with weak stomachs. Nussbaum speaks highly of its action in rheumatic gouty affections, on an "army of skin diseases," capillary dilatations, red noses, asthma when accompanied by eczema, and some other analogous conditions. Now it seems to us that if the drug was prescribed in the 1x or 2x triturations the effect would be better with no unpleasant results. Dr. Rose himself in part writes:

"Ever since the year 1885, after I had learned the details of Bismarck's case, I employed *Ichthyol* extensively. One of my first cases was that of a lady who for many years had been suffering in a most distressing way from urticaria. I ordered *Ichthyol* with the understanding that it should be taken for at least a year without interruption. In the course of five or six months she was completely and permanently cured. Before I resorted to abdominal strapping for enteroptosis I relied entirely on *Ichthyol* taken internally for a great length of time, and the result was gratifying. Patients were soon complimented for their improved complexion and for having gained in weight. I could speak of it to lady patients as a beautifier. With the increase in weight the ptosis would be overcome."

"I do not know if Nussbaum's theory is correct, that *Ichthyol* acts only by constricting the dilated capillaries; I considered it as a means to regulate the imperfect metabolism. And I believe this is now the generally adopted view, and if it is given in case of phthisis or chronic infectious diseases of any description it acts by raising the power of resistance in the system. All patients who had taken *Ichthyol* for some length of time—as a rule, for one or one and a half years—would speak with enthusiasm of its good effect on their health in general."

Since Unna introduced this drug it has been almost exclusively used in external complaints—skin diseases. But, as all good homœopaths know, the skin disease—the real skin disease, not the parasite—is but the outward manifestation of an internal ill, and to "cure" it from without is but to drive it inward again, where it may spell disaster. *Ichthyol* seems to be a good remedy, but its *status* can be fixed only on the broad, and little understood, law of *Similia*. This drug, *Ichthyol*, seems to be somewhat akin to the salts of Medical Lake, generally known by the

Indian name of *Skookum chuck*, a name that is not scientific but local, yet there is a subtle difference. What that difference is can hardly be expressed save as a matter of *age*, for the *Ichthyol* is, as it were, a pre-historic substance, while the *Skookum chuck* is the salts of what might be said to be a living lake. To complete the trio of "alteratives" we have the vegetable kingdom represented in *Echinacea*, a drug efficacious in what might be termed the acute stage, as represented by boils and eruptive diseases generally.

This trio is worthy of investigation, and keeping in mind in every intractable case of skin-ill.

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### SHUCKS

Not the phrase, "Oh shucks," but the actual thing—corn husks. A good many years ago the RECORDER printed a paper by Dr. J. W. Pruitt, of Arkansas, on the use of shucks in old cases of malaria. What attracted our attention to it was the statement of the writer that the farmers in his part of the country entertained the belief that husking corn was a cause of malaria and that a decoction of *Shucks* would cure old cases of malaria. Now this was similar to many instances from which Hahnemann built, in part at least, his original materia medica, or, perhaps, it would be truer to say, got his "pointers" on many drugs—*Arnica*, for instance.

The publication of this little paper did not attract world-wide attention. It was based on a "popular belief" that, like Topsy, "jist growed." At any rate "shucks" had faded from memory until the October number of Ellingwood's *Therapeutist* came to hand with a short letter on "Corn Husks in Malaria," by Dr. Henry Fledderman, of Bellwood, Neb. Here is the letter:

"In response to your request in the August number of the *Therapeutist* for experiences with corn husks for malaria, will state the following: When still in college, a number of years ago, a man came to me with his boy, who was about six or seven years of age. The boy had malarial fever very badly; chills and fever every other day and severe. Not knowing much about medicine as yet, and as a homœopath prejudiced against quinine, I gave him *Aconite*. In two days the father returned and

reported the boy worse than ever—had chills and fever every day now.

“I had recently read about the corn husk remedy for malaria and gave the man some tablets from a homœopathic pharmacy. In a few days I met the man and he told me that the tablets were fierce, but they had cured the boy quickly and completely.

“Some time after this occurrence I was introduced to a man of about thirty-five who said he was about done for and wanted to know if I could do anything for one who had one foot in the grave. I asked him to come to my house and I would look him over, not that I expected to cure him, but as he was a pauper, so to speak, and I was a student, I thought he was a good subject to practice on. He came over and I found that he had had malaria for a long time, and had cirrhosis of the liver and dropsy. He was then being treated medically by one of the professors of the college where I attended without results. He also had taken baths at a hydratic institution for four months without benefit. At a medical institute they told him they thought they could cure him. But as he did not have the five hundred asked he had to forego the luxury.

“I scratched my head a little, and that made me think of my corn husk tablets. In two weeks that man was better and in a short time well. He is now doing well and does not tire of showing his gratitude. Since graduating I have lived in a country where there is absolutely no malaria, and I have had no further opportunity of testing the remedy.”

This bit of reminiscence aroused our curiosity and we looked through all of the dispensaries, eclectic and otherwise, and the “Herbals” in our library, but were unable to find any record of corn husks used as a medicine. All other parts of the corn seem to have been used, but not the husks. Does any reader of this journal know of it from practical experience?

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### “THE CURRENT PROBLEM OF PHARMACOLOGY AND THERAPEUTICS”

Such is the title of Dr. Torald Sollmann’s opening address as chairman of that section at the recent meeting of the A. M. A. at Atlantic City and published in the Association’s journal for

Sept. 14. "The chief scientific problem," said the chairman, "at the present time is undoubtedly the effective correlation of pharmacology and therapeutics." Also in summing up he said: "There seems to be a fog over the whole subject, and it is not unlikely that the clearing away of this fog may suffice to show the right way." This is true, but there seems to be no immediate prospect of the fog lifting, as one new therapy after another crowds in from the German and American pharmacies, each usually contra-indicating the other. This was recognized by the bright men of the section, for about half of the papers were devoted to these much-used therapies, concerning which the pharmacologists and therapists know little or nothing. Truly, as Dr. Sollmann said, there is a fog over the whole subject which seems incongruous as we listen to the endless anthem of praise chanted on all sides concerning the things done by this befogged science. It all reminds one of something written many centuries ago in which that stormy petrel, Paul, was mixed. It reads:

*"For all the Athenians, and strangers which were there, spent their time in nothing else, but either to tell or to hear some new thing."*

This seems to have stood for Progress in those far-off days as in our own.

There also seems to be something in that ceaseless anthem of praise going up akin to the cry that once drowned a really new message to the world—"Great is Diana of the Ephesians!"

Dr. Thomas F. Reilly, of New York, brushed a little of the fog away, but it is to be feared that it soon will close down again. He is reported to have said:

"A fact sometimes overlooked is that we jump from normal animals to diseased human beings. As long as the treatment of symptoms is all that we can expect from drugs, we must use experimentation, first, on normal animals to find the danger limit and results, and then on healthy human beings who are paid or who volunteer for such purpose. When we find that an agent produces effect on healthy human beings in the production of a pathophysiologic effect we may expect a similar effect in disease. The homœopaths give out their vials among their students and get reports, and really they are on the right basis as far as



experimentation is concerned. If their reports are colored by imagination that is their fault. It would be better to try new remedies on normal human beings and then on patients."

Also in discussing another paper in this section Dr. Reilly said:

"For many years it has been the custom of homœopaths to carry with them a large number of sugar tablets and when at the patient's home to drop one or two drops of the medicament they intend using on the tablets. There is no question that the success of Homœopathy is due to pleasant medication. The average American child, ruling the house as he does, will not take our medicine; the mother will say the child simply will not take the medicine; she reasons that it is better for the child to take the homœopathic medicine rather than take no medicine. This is the main reason for the success of the homœopath among children and women. The fact that the average American stomach of today will not stand medicine that could easily be taken a generation ago, has been the cause of a great deal of prejudice against medicine. The same thing is true of different races. It is impossible to give disagreeable medicine to the Frenchman, whereas you can give a horrible-tasting medicine to a German with none but the best results. In fact, many of them seem to think that unless the medicine is disagreeable there will be no effect. Many of us know that disagreeable medicine will not be taken by our patients and consequently the shelves are full of bottles from which the patient has taken one dose and that is the last of it."

By the foregoing it will be seen that even Dr. Reilly is enveloped in the fog mentioned by Dr. Sollmann; it is a sad error, not to say very unscientific, to see in the success of Homœopathy merely pleasant medication. They will never come out into the sunlight of medical science until they see that the science of therapeutics lies not in "physiological effects," but in curative effects, which is but a synonym for our old friend, the action of the homœopathically indicated remedy.

There is much encouragement in this interesting section conducted by Dr. Sollmann, for it practically admits the chaos of what is known sometimes (though erroneously) as "modern scientific therapeutics," and, this admitted, the able men of the

section naturally must look for a way out. They may not be willing to admit, may not see, that the way is what is known as Homœopathy, but, for all that, it is the only way—and they ought to see it, for they and their forebears have tried every other and found it to be a “no thoroughfare.”

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### “PHILOSOPHY, SCIENCE AND MEDICINE.”

Such is the title of an editorial in the *Journal of the A. M. A.* for September 21. The text is from an address delivered by Professor V. C. Vaughn, of Ann Arbor, and directed against “the strictures of those modern writers who charge science with being essentially materialistic in its aims and scope.” The last quotation is from the editorial—we haven’t seen the professor’s address. One thing quoted approvingly from the address is this: “No philosophy evolved from the inner consciousness of man has ever done man half the good that has been secured to him by the discovery of the agents of infection.”

Now, while we are about it, we might as well give all of the quotations made from Professor Vaughn in the editorial in question. Here they are:

“The foundation stone of my philosophy is the doctrine of evolution.”

“To widen the domain of knowledge, be it ever so little, to abate disease, to lessen pain and suffering, to decrease the burden of poverty, to brighten and ennoble the lives of others, to harness the forces of nature and make them subservient to man’s will and contributory to his happiness . . . to make man more considerate of his fellow, to appreciate and perform his duties—these are some of the things that science has done and is doing.”

The trouble is, especially in the editorial comments which presumably reflect the sentiments of Professor Vaughn, that these gentlemen assume for science that which at best is but theory. That is the weakness of modern scientific medicine; it assumes that its theories are scientific truth, and acts accordingly. Take the first statement, about the “discovery of the agents of infection.” Mankind has always known that certain diseases were “catching.” Does the discovery that the diseased tissue in the

various contagious diseases assumes a distinctive form under the microscope for each disease add anything practical to the sum of curing disease? Men quarantined before the discovery of this fact—what more do they now? And then, cannot this science see that the “discovery of the agents of infection” answers nothing until it can tell the world the cause back of its “agents?” What causes the “*comma bacillus*” said to be the cause of Asiatic cholera? Answer this question and you will then begin to make good your right to the title “scientific.” The discovery of the many bacilli has not aided one jot to the grand aim of medicine, which is the cure of disease—and every one knows this to be true. The discovery of endless bacilli, micro-organisms, phagocytes, leucocytes, and so on and on, has not done anything towards curing that sick child before you. It is all very interesting, but it does not solve the problem of curing disease, and that is what the public look for and pay for.

Professor Vaughn, as quoted, says: “The foundation of my philosophy is evolution”—a pipe dream of the modern scientist without a single cold fact of true science to back it up. If evolution is a law of nature, it must be *always* operative. Is it? You know it is not. There are possibilities of development in everything, but development and evolution are different things. It may be replied that evolution gave things a start and then ceased to be operative. Who stopped it?

Again if evolution is what its disciples say it is, what are its bounds? Who has seen any evidence, anywhere, of man evolving into something else, and where is the evolutionist who would want to have such a thing occur to himself? In our humble opinion monkey will remain monkey and procreate his kind until the end—if there be an end—and so will man. You may reasonably look for a higher type of man, monkey or goat, but they will remain man, monkey or goat, as they were when somehow they started. Substitute “development” for “evolution”—as that word is used today—and you will get nearer to the possible truth. At best it must always remain conjecture. To make a theory science is not scientific.

As for the concluding words of Professor Vaughn, quoted above, we can only say that they are admirable, but are held by every reformer, even though his methods, if carried out, would

result in dire confusion. It is fortunate for the world that no reformer is endowed with omnipotent power, else we would be plunged into chaos. Medical science is all right if it would abide in facts, but this its disciples will not do, for on every pound of fact it piles a ton of theory.

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## THE SPHERE OF COLOCYNTH IN NEURALGIA.

By Dr. Mossa Stuttgart,—Germany.

A saleslady, thirty years of age, thick set and somewhat deformed, with a venous face, formerly frequently sneezed up blood of a bright red color, but this has ceased since the last six months. But ever since that time she has been suffering from a neuralgia occupying the left half of her face. This ailment formerly appeared for only a brief period, once a day, for one or two minutes; but for a week now the pain has lasted all day, being occasioned by every movement of the head and body, by sneezing, chewing and talking. Only at night while resting there is a relief, so that she has at least undisturbed rest. When she tries to walk her pain compels her to stand still, which somewhat relieves the pain. The pain is seated on the left side of the head, on the cheek and forehead, it radiates into the teeth, the left half of the nose and even the left half of the neck.

The pains in these parts are drawing, lancinating, boring and pulsating; the pains especially rage around the left eye. The conjunctiva of the upper and lower lids then appears, as I myself noticed, swollen, surcharged with blood and burning tears flow from her eyes. When the patient would shut her eyes the pains increase. The left cheek is hot and deep red. In her forehead, occiput and left nasal cavity she feels a painful beating and pulsation. The pain is aggravated by touch and started by it. She is unable to sleep on the affected side by night.

All the other functions are normal, as also the menses. But she has often been troubled with pains darting about in her limbs, and after taking cold, to which she is very prone, her knees swell. In her store, where she suffers much from draughts, she has to stand from early to late, but rarely gets into the open air. It is quite intelligible that in the course of her illness there has been

developed a considerable degree of nervousness and supersensitiveness. She was in this state when I undertook her case on October 13th.

The diagnosis was easily made: prosopalgia, neuralgia of the left trigeminus in its various branches. The attacks of pain were indeed of such frequency and the free intervals were so brief that an intermission was hardly found, unless we should consider the cessation of the pains at night as such an intermission.

*Therapy:* The patient had of her own accord already taken *Belladonna*, but had not found any relief from it. The violent congestion of blood to the face, the left eye and head, the pulsating nature of the pains, the aggravations from every motion of the body, and especially of the head, first directed my choice to *Glonoin*, which I prescribed in the 6. dilution, morning and evening.

After the lapse of five days the patient came again. The effect of the remedy had appeared in a certain dulling of the pains. Much watery liquid now flowed from the nose, which before had been dry. She could also more easily use her handkerchief, but the pulsation in the cavity of the left nostril still continued. Although this symptom found a ready explanation in the organization of the blood vessels of the face, it still seemed to me a rare and peculiar symptom which might give me the key to the simile. So I quickly opened my Repertory to Jahr's *Manual*, and found there two remedies, *Colocynthis* and *Silicea*, which showed that symptom. I decided on *Colocynthis*, which corresponded also to the complex of the other symptoms and which has proved its usefulness clinically in similar neuralgias. So the patient received *Colocynthis* 6.

When I visited her, six days later, in her store, so as to know better her surroundings, I found her in a bright and cheerful mood. She reported that the first dose of *Colocynthis* had at once benefited her, and after taking it for two days she was freed from her very painful ailment, so that she did not take any more. There had been no critical phenomena: the simile had quieted the storm and disturbance in the domain of the nerve affected by its mild power.

The action of *Colocynthis* on the sensitive nerves, especially on the nervous trigeminus and nervous ischiadicus, already indi-



cated in the provings of Hahnemann, has been more fully demonstrated by the later provings of the Vienna physicians. The clinical observations in which *Colocynthis* has shown itself as a curative in prosopalgias are of great interest, and we shall therefore adduce a few.

I. A woman ailing from amenorrhœa and chronic vomiting, after taking cold, was seized with tearing, burning and lancinations in the left side of the face, extending back of the ear, through the temples and half the head on the *left side*; she cries out for pain and cannot find any rest, every touch of the ailing parts increasing the pains. (Four weeks before she had taken *Pulsatilla*.) *Colocynthis* soon freed her from her attack. (*Annalen*. 3, 21, Dr. Gaspary.)

II. A man, sixty years of age, otherwise well, had been suffering for three days from prosopalgia. Lancinations in the *left* cheek, in the eyelid, in the left orbit of the eye, in the upper jaw, the left nostril and ear. Tearing and tension in the face with *heat* and *redness* on the left side; the face somewhat puffed up, pulsation in the teeth on that side, now here, now there. The pains were very violent, now receding, then returning, allowing no rest day or night; aggravated by *motion* and *touch*. Headache on the *left* side; sensation as if the left side were being torn away from the right. Heat all over the body, with hard full pulse and thirst.

*Colocynthis* freed him from his pains in two hours; after this there was violent itching in the face. A similar attack in the following year was also quickly cured with *Colocynthis*. (*Annalen*. 3, 411, Dr. Gaspary.)

The dose, we are sorry to say, was not stated in either of these two cases.

III. A lady, fifty years of age, had been suffering from megrim on the *left* side for several years, the attacks recurring every day at 5 P. M. Allopathic treatment has so far been ineffectual. *Asarum* gave some relief. *Colocynthis* cured the case in a few days permanently. (*Archiv*. 11, 2, 114, Attomyr.)

IV. A travelling salesman, twenty-five years old, of vigorous build and of choleric-phlegmatic temperament, complains of a periodical headache, recurring daily, half an hour after he wakes up; it is tearing, lancinating and darting, occupying especially

the *right* temple and extending all over the right side of the forehead; dullness in the head; the right eye is distorted with redness and lachrymation; it is only half its usual size. Flickering and dullness of vision. The pain extends even into the teeth, tearing, raging and twitching. The right side of the head, especially about the eye, is sensitive to the touch. Loss of smell. Fluent coryza. Cough with green expectoration, with increase in the cephalalgia. The tongue is coated white, nausea, contraction in the stomach, which is sensitive to pressure. Heaviness in the limbs. Chilliness. Thirst.

The attack was raging from 6 A. M. till five in the afternoon, with great restlessness and anguish, the patient anxiously walking up and down.

*Nux vom.*, *Belladonna*, *Bryonia*, *China*, *Chamomilla* and *Sulphur* helped but little. Since a burst of *vexation* had preceded the illness he now received a drop of *Colocynthis* 2. The next attack was milder and seven more doses effected a cure. (*Allg. Hom. Zeit.* 276, Hawstein.)

These few cases suffice to show that, though the cases of neuralgic headache cured show some similarity, there is a considerable shading in the image of the disease. Most prominent is that the attacks affect only one side of the head, but while John Clarke, in his *Dictionary of Pract. Mat. Med.*, states that in *Colocynthis* the right side of the body is chiefly affected, among the cases adduced we have with one exception only hemi-craniæ of the left side. The periodical return of the attacks is more or less pronounced. (According to Clarke, *Colocynthis*, like *Lycopod.*, *Hellebor.* and *Causticum*, has aggravation about 4 P. M.) Many of the more subtle features may have been overlooked by the patients overpowered by the attack or by the physician reporting. So, *e. g.*, the smell of the perspiration resembling urine; the diminution and fetor of the urine; while during the attack much light-colored urine is discharged—a symptom on which Dr. Hering lays especial stress. In the case observed by the writer rest was beneficial, while motion, whether general or merely that of the head, caused aggravation, while else the reverse is usually the case.

Kafka summarizes the indication for *Colocynthis* as follows: The remedy is suitable in frontal neuralgia, when the pain ap-

pears with unusual violence, causing swoons, pallor, coldness of the extremities and vomiting, when the pain extends to the galea aponeurotica, the temple, ear, the upper row of teeth, and even into the parts of the nose on the side affected, and the parts affected will not stand the slightest touch; when the pain is worse while at rest, but improves from motion and has been caused by draughts or by depressing emotions.

Also this sketch does not exhaust the action of *Colocynthis* completely; Kafka does not mention the severe hyperæmia of the circulatory vessels of the face, nor the violent affection of the eye. Von Boenninghausen, who was thoroughly acquainted with *Colocynthis*, thought it worthy of a place among the antipsoric remedies.—*Translated from the German.*

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### FIVE CASES OF KERATITIS.

Dr. De Vriese presented the following five cases of keratitis at the consulting session of the Homœopathic Klinik on October 16, 1897:

*Case I.*—A man had been ailing in his eyes ever since he was sixteen years old and in time ulcerations of the cornea developed. It was a case of relapse of keratitis with scrofulous ulcerations. The local ailment had so far been treated without any regard to the general condition of the patient, *Iodoform*, *Cocaine* and *Atropine* having been used.

On the 19th of October he had gone to a public clinic, his condition having become worse, almost total blindness having set in. Here they scraped the cornea and then subcutaneous injections of *sublimata* were made. Later on poultices of *linseed* were made and subcutaneous injections of *Pilocarpine*; a hunger-treatment was also prescribed.

Finally the patient was dismissed as incurable.

On the 13th of April he came to Dr. De Vriese.

The prominent symptom was photophobia of high degree, which was diminished by the use of *Conium* and *Belladonna*; *Hepar sulph.* was given for his constitutional ailment. *Mercurius bijod.* and *Aurum* then produced a relative cure. There is still a pretty large spot before the pupil of the right eye and Dr. De Vriese thinks of restoring sight through the artificial

formation of a pupil. He criticised severely the withdrawal of nourishment in a patient already emaciated, who especially needed good nutrition.

*Case II.*—This man, though suffering from a strongly pronounced astigmatism, had yet become a soldier. While in service there developed interstitial keratitis. He was sent to the military hospital, where, in spite of his defective nutrition, he was put on a quarter ration.

First there was prescribed, for some unknown reason, a lotion of *Chininum sulph.*, but the case only grew worse. Then hot compresses, *Atropin* and *Iodium*, were used, but the aggravation increased. To his ailment now was added keratocomus, but this did not seem to receive any consideration, as increasing doses of *Atropine* were given. Finally he was discharged with the declaration that he had received as much alleviation as was possible.

Dr. De Vriese gave the following treatment: First a compress was applied, the eye was massaged morning and evening with yellow ointment (iodine ointment?). Eserine was dropped in. Strengthening nourishment. Internally *Sulphur* was administered, then *Atrop. sulph.*, *Hepar sulph.*, *Aurum* and *Arsenicum*.

In this ailment relapses are apt to appear, but none have appeared since.

The man is fully healed; his vision is excellent, far better than when he became a soldier. The astigmatism has disappeared, the cornea has drawn back. The left eye is normal, except the center, where there still is a very weak halo.

*Case III.*—A six-year-old child, son of a syphilitic father, suffering from hereditary syphilis, exhibits scrofulous ophthalmia with specific ulcers on the right eye and a cataract on the left. The child was entirely blind and had been given up by a number of allopathic specialists as incurable. At present his cornea is clear, the infiltration has disappeared, so that the cataract can be plainly seen. The child can count the fingers at a distance of fifty centimeters (eighteen inches) and can walk about on the street by himself. The treatment was the same as in the last case. As constitutional remedies he received *Hepar sulph.* and *Aurum*.

*Case IV.*—In this case, a patient of sixteen years, the charac-

teristic symptoms were less plain. He is now almost perfectly cured; there remains a cicatrix on the cornea.

*Case V.*—The fifth patient, an old man in the hospital of incurable blind persons, is inconsolable because through homœopathic treatment by Dr. De Vriese he now sees so well that he is afraid he will be sent away from the hospital.

Dr. Vriese introduced the patients Nos. 1, 2, 3 and 4 to his colleagues. All of them had been declared incurable and had been discharged from hospitals and State clinics on that account. All the usual [allopathic] remedies had been exhausted with them. They were treated by very eminent physicians, familiar with all the ophthalmiatrial remedies. These facts loudly proclaim the superior excellence of homœopathic treatment, the benefit of which is now extended to the poor by means of this Policlinic.—*Journal belge d'Homœopathie.*

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## CONVULSIONS IN SEVERE BURNS.

(Translated for the HOMŒOPATHIC RECORDER from the *Leipzig Pop. Z. f. Hom.*)

Some time ago I was called in to see a vigorous boy who had before been always healthy; he was about four years old and had been severely burned a few weeks before. The burns extended over one-half of the face and the upper part of the chest, as also to the one arm; the various sequelæ of burns, redness, blisters and scabs, the latter extending over a considerable portion of the neck and chest. My allopathic colleague, who had been called in, had covered the burnt parts with linen dipped in a mixture of lime water and linseed oil. On the second day after the accident twitching convulsions had set in, which, commencing mildly, had gradually become more and more severe. On the morning of the fourth day, when the convulsions had become almost continuous, and the boy had become visibly weaker, my colleague had given up his labors, informing the parents that the little boy was not likely to live.

I found the patient in deep unconsciousness; the pulse was thread-like and extremely frequent, the respiration superficial and rapid, the face bloated, but the temperature not any higher than usual. Scanty urine and fetid thin stools were discharged



quite involuntarily. This was attended with continual convulsive twitchings of the body, especially of the hands and lips; now diminished, then again more violent.

To tell the truth, I had at first but little confidence in my being able to save him, as in burns of such severity help rarely avails. Still I determined to make the effort. The compresses of my colleague, which seemed quite suitable, I continued, but prescribed in addition *Mercurius* 3, and *Zincum cyanatum* 4, in alternation, at first every hour. The second remedy I chose, independently from the well-known action of *Zincum*, for a particular reason. Severe burns frequently progress, as also in this case, like cases of poisoning, and it was therefore probable that in such cases the cause of death is chemical. I will now give here verbally the presentation of Tillmann in his Manual of General Surgery: "An Italian investigator has asked the question, whether in extensive burns it is not a fact that a substance, existing especially in the skin, is not through rapid heat changed into a poison, the absorption of which causes the attendant disturbances. The perspiration of the skin gives an acid reaction owing to the presence of Formic Acid ( $\text{CH}_2\text{O}_2$ ). This is gradually neutralized on the skin through the hydroxide of Ammonium, forming the easily soluble formicate of ammonia. Now if this salt is rapidly heated it loses its water and is changed into cyanic acid. It is said that the symptoms of poisoning from cyanic acid are very much like those we observe in burns."

In this case, therefore, the close relation between cyanic acid and cyanogen at once suggested the use of *Zincum cyanatum*.

The result was surprising. When I saw the boy eight hours later, in the evening, the convulsions had become much milder, the diarrhœa had ceased, the heart beat more vigorously and the whole appearance of the boy had changed. I discontinued the *Mercury* and continued with the other remedy. Next morning the convulsions had entirely ceased and the boy was conscious. He fully recovered in the course of a few days, and while the cure of the severe wounds required some time the patient has now fully recovered and is quite healthy.

I do not desire to draw any conclusions from this one case, but I think it very interesting, and in similar cases the experi-

ment might be repeated, especially as I could not in any manual find a therapeutic advice suitable in such severe burns.

DR. H. B.

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### ARNICA IN PNEUMONIA.

"In pneumonia there often comes a period when there is no remedy like *Arnica*. The patient can hardly breathe. The sputum may be very bloody and extremely purulent. The chest is sore and every breath is difficult, and with this we may have an irregular and dicrotic pulse. The heart is tired out; it may be sore. *Strychnia* is usually given, but of no avail. The patient begins to cyanose, with great prostration and weakness ensuing. You feel, and with reason, that your patient will die. You may try *Antimonium tartaricum* because of the great prostration, and the impending lung paralysis and heart failure. In this condition I can recommend to you *Arnica* as the most efficient remedy that I know, but permit me to suggest that you use it in drop doses of the tincture. Under this remedy I have seen almost immediate relief, and the supporting action on the heart has been more satisfactory than any prescription that I have ever used. The soreness in the chest is much relieved, the blood and sputum greatly lessened, and the cough eased. In the crisis of pneumonia you will find it equally satisfactory."—Dr. S. R. Boynton Bellingham, Wash., in *Pacific Coast Journal of Homœopathy*.

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### A NOTEWORTHY ELAPS CASE.

The following case is presented as a verification of *Elaps*:

The patient, a woman of 62, is of medium complexion and very stout. She gives a history of normal health until about six years ago, when she was treated for diabetes and heart trouble. After prolonged treatment she was improved so that on a strict diet she remained fairly well until about two years ago, when sugar again appeared in her urine. Appropriate remedies and a readjustment of her diet cleared up her symptoms until a little more than seven months ago, when she first came under my care.

The physical examination revealed nothing abnormal excepting extreme obesity and a blood pressure of 180. She had gained 30 pounds in the last year.

The urinary examination was as follows: Total amount in 24 hours, 64 oz. High acidity. Sp. gr. 1.032. Albumin negative. Sugar, 1.47%. Very large amount of uric acid crystals. This last feature was the most marked that I have ever seen in any specimen of urine.

Her symptoms were as follows:

Ill feeling and tired, with a tired back all the time. Constantly drowsy and forgetful, with inability to concentrate her mind. Waking in the morning with dry throat and tongue, and tongue so stiff could hardly swallow. Throat sensitive to the collar. Difficulty in taking a deep breath. Very easy perspiration, though used to perspire none at all. In the morning, because of the dryness of the throat, gargled with listerine, and at first expelled lumps of black mucus. Constant desire to hawk, with hoarseness. The right side of the throat most affected. Appetite poor and inability to find any food which was appetizing. Much fermentation with some eructation. Aversion to meat and occasional great craving for candy. Flashes of heat from below upward, followed by perspiration on the forehead. Urine retained with difficulty. Craving for air and discomfort in a close room. General aggravation after sleep and in damp weather.

There was nothing particularly suggestive for a remedy in the pathology of the case, nor could I make any further reasonable change of diet.

A study of the subjective symptoms suggested the snake poisons and comparisons, with the aid of the repertory, showed *Elaps* to most nearly cover the case.

The 30th was given four times a day for three days and then placebo was substituted.

Improvement commenced at once and in six weeks the last trace of sugar had disappeared. The same was true of the uric acid crystals. The blood pressure gradually reduced to 160.

Four months later she reported a return of many of her symptoms and her urine showed 1% of sugar and a large amount of uric acid crystals. One dose of *Elaps* 30th was given, and this was followed by immediate and steady improvement, the sugar disappearing in three weeks. A few days after the prescription she had a severe attack of diarrhoea, which was relieved by *Elaterium*, and she has had no medicine since.

During the first three months she lost sixteen pounds, but gained eight pounds during the fourth month.

Since then she has lost eight pounds. The only difference she has made in her former regime has been in eating more fruit, which she has craved and which, for a long time, she denied herself.

The uric acid crystals have not entirely ceased to deposit and during the last few weeks much oxalate of lime has appeared, but she complains of none of her former symptoms and is kept under observation for further developments.

*Note.*—January 1st. Since sending the above to the editor the patient has reported and called my attention to the fact that during the last few weeks all the enlarged joints on her fingers have become reduced to normal size.

These nodes have deformed her fingers for several years. This reduction has taken place during the time that the uric acid deposit in the urine has been replaced by *Calcium oxalate*.

She also reports never having felt better in her life.—Guy Beckley Stearns, M. D., in *N. A. Jour. of Homœopathy*.

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### PRACTICAL POINTERS.

This is from a communication by Dr. Howard P. Bellows in *O., O. and L. Journal*, September. It treats of a little used drug introduced by Dr. H. C. Houghton years ago as *Calcareo picrata*, but which Dr. Bellows calls *Calcareo picrica*. Houghton in his *Clinical Otology* wrote that it was indicated by clinical experience for peri-follicular inflammation. Writes Dr. Bellows: "So far as I know this is the sum total of the literature of *Calcareo picrica*. To this I can add, from clinical experience, some suggestions which may be useful to others. After every attack of furuncular inflammation of the external meatus the walls of the canal are left in an abnormally dry condition, because the ceruminous and other secreting glands do not at once resume their normal function. To this dryness is sometimes added an unusually irritable condition of the canal walls, with dry scurfy accumulation and exfoliation of epithelial scales. The condition reminds one of eczema, but in addition to itching and burning has a greater tendency to pain than is characteristic of eczema,

and rests upon a furuncular basis. One would naturally think of *Arsenicum* or *Graphites* in this condition, but I have found *Calcarea picrica* preferable to either. This condition of irritability of the canal walls, following furuncular inflammation, is associated in my mind with a somewhat analogous condition of the skin of the auricle which sometimes follows frost-bite. This condition is characterized subjectively by intense burning, rather than by itching or pain, and, in my experience, is best met by *Agaricus muscaris*."

In same issue of the *Journal* Dr. Phillip Rice writes concerning *Kali bichromicum*: "Acute inflammatory processes characterized by severe swelling, intense redness and stony hardness, with little or no tendency to suppuration, calls for this remedy. No remedy equals this for *intense engorgement* of the parts involved. Let it be an active rhinitis and we will find a high degree of swelling and hardness of the mucous membrane and a degree of stuffiness that is most distressing. A tonsillitis will exhibit violent swelling, bright redness and stony hardness of the tonsil and peritonsillar tissue with little or no suppurative tendency. Pain will be intense and swallowing quite impossible. The pain will shoot up into the ear. The saliva will be stringy and apparently profuse, running out of the half open mouth. But it is in reality not profuse as we find it in a mercury condition: the inability to swallow causes the saliva to accumulate and run out of the mouth. Stringy and fibrous secretion is a well known characteristic."

Motais (*Bulletin* of Academy of Medicine, Paris, July 2) says that a good cider is a genuine therapeutic agent in gout, both in prevention and alleviation.

"Violent, urgent desire to urinate, can scarcely hold the urine." "Infant urinates nearly every ten or twelve minutes and screams before urine passes." These are indications for *Borax*.

The *Lancet*, Sept. 14, editorially mentions that Dr. Esau has reported that *Aluminum acetate* as an antiseptic application is dangerous, as in several cases it produced ulcers and sloughing



in the patients of a most serious nature. *Calendula* is better—we say not, *Lancet*.

The following is from Ellingwood's *Therapeutist*, Oct. Dr. Frank Webb writes: "There is no remedy that will check the rapid advancement of phthisis as *Lycopus*. It will control the fever and also the vascular excitement; it acts most kindly as an expectorant, and its sedative properties will relieve the most severe case of palpitation of the heart induced most generally by coughing." As Dr. Webb is an eclectic the dose was material, but then it is possible that some drugs must be given in material doses to act homœopathically. One *general* law must govern the curative action of *all* drugs, and so, this reasonable proposition admitted, What is that Law?

"The raw onion applied to a bee sting is prompt in its effects."  
—*Dr. Geo. Covert*.

Dr. E. B. Shuldham wrote in the *Homœopathic World* of February, 1883: "Some years ago when I was living at Croydon I made the acquaintance of one of the earliest advocates of our cause. One evening I had the pleasure of dining at his house, and before dinner he showed me a letter and a prescription of Hahnemann's. In the prescription I read *Graphites* 12. Naturally I asked what trouble this medicine had put to rights. The reply was 'obstinate constipation,' and it was the first medicine that has relieved me of this condition."—*Dr. T. G. Stoneham*, in *British Hom. Jour.*, Oct., 1912.

Dr. Simpson relates a case of acute dyspepsia in a girl, aged 20, whose father died of phthisis, and who had a suppurating cervical gland. She had severe pain coming on immediately after food, burning in the epigastrium, straining, retching, and difficult vomiting, after which the pain was relieved. She suffered also from dysmenorrhœa the first two days of the menses which were scanty, and from leucorrhœa between the menses. Dr. Simpson gave her *Graphites* 6 every alternate day between the periods. The dyspepsia and dysmenorrhœa disappeared in a month and did not return.—*Dr. T. G. Stoneham*, *Brit. Hom. Jour.*, Oct., 1912.

# Homœopathic Recorder

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## EDITORIAL BREVITIES.

KALA-AZAR.—The *Lancet*, Sept. 26, editorially calls attention to the increase of this disease in parts of India, a disease that is “one of the most terrible in the world, being only equalled by the sleeping sickness in its relentless progress through months or years of suffering to an almost certain fatal termination.” The word is a compound of two Hindoo terms: *Kala* = “black;” *azar* = “poison.” It is “characterized by an irregular fever, enlargement of the spleen, hæmorrhages, dropsy and extreme emaciation.” This is not much to build a symptomatology on, but perhaps Burnett’s spleen “organ remedy,” *Ceanothus Americana*, in 5 to 20 drop doses of the  $\theta$ , might prove beneficial. This reminds us that Dr. H. L. Ray, a homœopathic practitioner of Aminabad, P. O., Lucknow, India, whose letter on “*Lachesis* in the Treatment of the Plague,” was published in the July RECORDER of this year (p. 320), writes us that he has since successfully treated quite a number of cases of that fearful disease. The chief remedy is *Lachesis* 6. Cholera, as all know, loses its terrors under homœopathic treatment, so why not this “Kala-azar” disease? This leads up to the fact that we printed in the July RECORDER, 1908 (p. 302) a paper by Dr. Edmund Carleton on *Nux moschata*, in which he pointed out that drug as being the probable remedy for the “sleeping sickness.” Have never seen any reports of the homœopathic treatment of this disease, but should any homœopath ever run across it *Nux moschata* is worthy of a full trial, for its symptoms seem to cover the disease.

INCONSISTENT SCIENCE.—Dr. Fergie Woods recently looked into “a standard text-book of allopathic materia medica” and reported something of what he found in the *Homœopathic World*. Nothing is of more interest than this little statement from the book: “The action of a very large dose is generally the reverse of that of a moderate dose.” A large dose of *Ipecac* will produce vomiting, the book says, and a small dose will cure vomiting. What is this but Homœopathy? Instead of beating about the bush in this way why not come out in the open and frankly admit the great principle of *similia* has its place in the science of medicine? Why not practice that so often preached by medical scientists in moments of exaltation—“to follow the truth no matter where it leads.”

WHERE WILL IT END?—If the medical officials are right, and their figures seem to prove they are, typhoid vaccination will take its place along with vaccination against small-pox. It logically follows if the underlying principle of these two prophylactics is correct it must hold true of *all* general diseases, and hence there remain to be discovered vaccination against the remainder of man's maladies, and, of course, if it is wise to enforce them in the case of two diseases the same is true for all. Will the medical authorities insist on the other vaccinations? Can the bodies of men stand them? These are questions that must be answered, there is no escape. If one operation for each disease were all that is needed it might be possible for men to stand the ordeal of them all, but it is not. In the *Journal A. M. A.* for Oct. 12, F. F. Russell, M. D., of the U. S. Army, after telling of the marked reduction in the number of cases of typhoid among those vaccinated writes: “We know the immunity is not absolute,” but this fact “is rather an argument for its repetition.” Can the constitutions of men stand these repeated vaccinations against typhoid, small-pox and the other diseases for which vaccines are being prepared? Even the most ardent advocate of these measures ought to consider this proposition, and also the possibilities of prophylactic measures of this sort, while checking one disease, may lay the foundation for something worse? Cancer steadily increases. The *Mortality Statistics for 1909*, just published by the U. S. Government, shows that this disease increased with no

recessions from 63.0 per 100,000 in 1900 to 117.1 in 1909. It is the same story in other countries. The Berlin Letter to the *Jour. A. M. A.*, Oct. 12, states the recent statistics from Bavaria show an increase of deaths from this disease from 6,411 in 1905 to 7,134 in 1910. The scientific bodies that have been studying this terrible slow plague cannot account for its relentless increase nor for the cause. Yet there *must* be a cause to have an effect, for that is a fundamental of science. The wholesale putting of foreign material from animals into the human body may not be the cause of the increase in certain slow disease, but it is a subject worthy of careful study in the laboratories and by all physicians in practice.

THE USUAL WAY.—Von Binks “isolates” a substance from a disease. Von Jinks injects it into hundreds of guinea pigs, rats and mice. Von Everybody “tries” it on patients and then it quietly fades away across the river Lethe.

A MESSAGE FROM THE SPIRIT WORLD.—Our esteemed contemporary the *N. A. Journal of Homœopathy* for October prints what its correspondent, whose name is not given, says is a message from Samuel Hahnemann received *via* a spiritual medium on the evening of Oct. 11, 1910. The message was sent in by a physician and came through a lady in good social standing who has nothing to do with the professional mediums. The message does not read like Hahnemann save in the following: “Some are not satisfied and they must go over to the noisy ones whose noise oftentimes covers their failures.” He came unbidden “to let them know that Samuel Hahnemann still lives.” Also he spells the motto *Similia Similibus Curantur*. Beyond this there is nothing but exhortation, and the assurance that in the future “it is well,” *i. e.*, the future of Homœopathy.

INCREASE IN DIPHTHERIA.—The Berlin Letter to the *Journal A. M. A.*, Sept. 14, says that the number of cases of diphtheria in Prussia has steadily increased from 54,848 in 1902 to 83,821 in 1910, and 96,839 in 1911. Strangely enough the deaths from this disease has decreased outside of Berlin, but in that city they have risen at the ratio of 1.25 in 1902 to 3.11 in 1910, while in the

country it has fallen from 4.05 to 2.48. No one can account for this, as Berlin stands in the front rank of sanitation and in the home of antitoxin. Perhaps there is an unknown reason back of epidemics. Once it was "black-death," then Asiatic cholera, typhus, small-pox, influenza with perhaps others we do not recall. They came and they went, why, no one knows. They were not stamped out. There are many things under the sun that are not dreamed of in thy philosophy, O bacteriological Horatio! You are an earnest and a close observer but you are lacking in the broad view. You need the medical man with the telescope as a running mate. When will he arise?

ETIOLOGY OF TYPHOID.—"So much is being said about germs in the present day that we are in danger of forgetting the part that Homœopathy takes in this matter. We are vaccinating people with typhoid germs and forgetting that we never see a case of typhoid fever except in psoric families."—*Dr. T. H. Winans, Mexico, Mo., in Medical Century, Sept.*

Assuming that Dr. Winans is right in his assertion—it falls in with what Allen says in his *Therapeutics of Fevers*—it opens up a big field. Is he right?

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### NEWS ITEMS.

Dr. L. A. Clark has removed from Cambridge to Eagle Bridge, N. Y.

Dr. J. Cresswell Lewis has removed to 351 Frederick St., San Francisco, Calif.

Dr. Clarence S. Tisdale has removed from Chicago Heights to Carralton, Mo., where he takes the practice of Dr. R. D. Harris.

Dr. Robert Willis has removed from Mineral Point to Linden, Wis.

Dr. S. H. Vehslage has removed to the Hotel Walton, 104 W. 70th St., New York City.

Dr. Bert G. Clark has removed to 200 W. 86th St., New York City.

Physicians are requested to send in notice of any change in address, or other personal items, for publication in RECORDER.



# PERSONAL.

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"Oh, for a key to this lock of her hair!" exclaimed Claude.

A doctor recently remarked that "it takes five years to become an M. D. and five more to get rid of the rubbish taught."

"Can life be made?" asks J. A. M. A. Can *any* thing be made—created by created man?

"They" say that women never succeed in pantomime, but, then, "they" is something of an ass sometimes.

"For wrath killeth the foolish man, and envy slayeth the silly one."—*Eliphaz, the Temanite, in Job.*

"And Job answered and said, no doubt but ye are the people and wisdom shall die with you."

Why should we disarm at the prospect of an engagement? asked the girl.

"A plague infected squirrel was found in Contra Casta county, Cal." Thanks be for the deliverance!

Sweet Alice is of the opinion that the term "She out-stripped them all" is "decidedly improper."

In science when a Klebs-Loeffler meets a phagocyte then comes "the crisis."

At the Roycroft Inn they say, "Why not use the path?" instead of "Keep off the grass!"

The word, "Manhattan," according to the *N. Y. Times*, means, in the Indian tongue, something like "big drunk."

Claude regretfully believes that he is the tailor's trust buster.

Sweet Alice asked the Professor what seasoning they used in pandemics.

When all poverty is abolished who will do the kitchen work?

Considering the innumerable systems of medicine the wonder is that disease still persists.

"Give the devil his due." What is it?

Sweet Alice told the Professor that cocktails seemed to begin young, and mint juleps old men's "life," each day.

Claude thinks Sweet Alice is a "Josher."

The potato bug wears a Princeton blazer, says Yale.

As prone to evil as the sparks fly upward.—*Job.*

What are we *saved* from? That's no joke question! But, for all that, there is a big thing in the answer.

Unobtrusively back of every wit-spark is a calm, and somewhat cynical, question.

Wit makes the burden easier, but not lighter.

"The rich ruleth over the poor, and the borrower is servant to the lender."—*Solomon.*

We recently noted an "ethical" remedy advertised against seventeen ills and "etc."

We recently noted "gouty experiments."

The truth will prevail, of course, but sometimes only after much rough-house.

# THE HOMŒOPATHIC RECORDER

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## THE "MILWAUKEE TEST" ARISES FROM THE VASTY DEEP

That scholarly gentleman and homœopathic physician, Dr. J. P. Rand, of Worcester, Mass., at the Pittsburgh meeting of the Institute read a paper, "*The Theory of Dynamization. Is it Scientifically Tenable?*" (*N. E. Med. Gazette*, Nov.), in which he calls up the ghost of the troublous "Milwaukee Test." This Test in its day was the cause of much heart-burning, for if true, it makes foolishness, not exactly of Homœopathy, but of the greater part of the men who made homœopathic history; even of so hard-headed a man as Richard Hughes, who, in his great work, *Pharmacodynamics*, writes of the wonders he has seen performed by the 30th potency, in which, according to the Test, "we have gotten beyond the possibility of drug presence." We quite agree with Dr. Rand that it is not scientifically true that visible matter is present, for that is his conclusion. Science deals with the visible and the demonstrable, for that is its domain, and grandly has it reigned in late years; but many scientists, the great ones, do not deny the existence of a—what shall it be called?—super-science? which, while not visible or demonstrable, is nevertheless, a most positive *force*; indeed we might call one of its manifestations the force back of all force, namely, Life. It will not do, in considering a subject like this to shrug the shoulders and say "that has nothing to do with the question," for, philosophically, scientifically and *practically*, it has everything to do with it, for the *power* of every thing, from metal to man, resides in its life, yet never a scientist has seen a trace of it. Every stone, metal and plant, as science teaches, has a life peculiar to itself. Is it, therefore, reasonable to declare that because science cannot find

any molecule beyond the 12x (as the Test says) there remains nothing? The molecule is a part of the whole, but no scientist would say that it is the Life.

The foregoing does not explain anything and is every fine spun, but then, we hold, neither do the molecules, the presence or absence of which is supposed, on the lines of the Test, to indicate the presence or absence of the curative power of the remedy, explain anything, save a state of mind, which will not believe in that which it cannot see through a microscope. Many of the men of the past—as indeed men do to-day—saw the marvellous power of the 30th over disease, even though the microscope cannot reveal the cause of that power in a molecular form. The Milwaukee Test proved to the satisfaction of some that the prescribers of the 30th potency were the victims of their own imagination. The man who insists on believing nothing that is not visible has a certain advantage in argument over the man who believes that there are elements which cannot be seen, but whether he is nearer the truth of the higher realms of science, is quite another proposition.

Dr. Rand quotes the well known figures concerning the amount of matter that would be required to “run up” one drop of a drug to the 30th potency if all the first were run up and so on. It would fill a space “whose contents would be 56.85 times the size of this earth.” Every time this old sum of arithmetical progression is used it staggers many and drives others into derision. But some of its force is lost when the fact is realized that 2,970 drops of alcohol will make the 30th potency accurately and scientifically. There is also another view of the matter that, so far as we know, has never been taken. It is this:

Each properly made potency of a given drug, if the *Organon* be followed, receives ten powerful strokes. Now if each stroke represents (as it will on the average), say, ten to twenty pounds, then ten strokes, or one potency, represents the expenditure of 200 pounds of energy (if twenty be taken as a basis) or three tons to each 30th potency. Calculate this by arithmetical progression as you do the one drop and you have a force that would shatter 56.85 worlds. But arguments of this sort which reach towards infinity are futile. It is akin to trying to comprehend time and space—you cannot conceive of a “time” when time be-

gan, or of a limit to space. But now we will give the forum to Dr. Rand for a while. He says:

Twenty years ago Dr. Conrad Wesselhoeft undertook a series of most painstaking experiments to find out the limit at which hard or insoluble substances could be divided. He made repeated examinations with the microscope and demonstrated to his own satisfaction that not a particle of any of them could be found beyond the 12x attenuation, thus ceasing, probably, before the molecular limit, and that soluble substance which, theoretically, might be carried to the molecular limit, could not be attenuated beyond the 22x or 24x dilutions. And granting that Dr. Thomson's theory of electric particles be correct, and that a drug like mercury contains 400,000 electrons to the molecule, if molec-divisibility terminates with the 24x we could not carry the process of attenuation six places further without reaching the end of electron divisibility. In other words, when we reach the 30x we have gotten beyond the possibility of drug presence.

In a recent circular issued by Boericke & Tafel, the authors, assert that the superior quality of their dilutions or, more properly, potencies, cannot be detected by any known test save the clinical; and Dr. Lewis Sherman, of Milwaukee, thirty-two years ago, demonstrated that the advocates of high potencies in this Institute could not identify the 30c. dilution of a drug of their own choosing, by the clinical test or any other.

Dr. Sherman's experiment was conducted as follows: "Ten vials of like appearance were given to each prover. One of the vials contained the 30c. dilution of a remedy selected by the prover with whose action he was perfectly familiar, while the remaining nine contained only the blank menstruum. Twenty-five physicians, all believers in the efficacy of high dilutions made the attempt. Out of that number, at the the end of a full year, sixteen made no report whatever and of the seven who did report, not *one* had been successful in picking the medicated vial from the nine blanks."

Pure luck would have given those seven men more than an even chance of drawing, at least once, the right remedy from the pharmaceutical "grab-bag," and had any one of them succeeded in doing so, his triumph would have been complete. But the Fates were unkind.

Dr. Sherman in making his report to this Institute, said: "If the entire body of provers of, and healers with, dynamized medicines cannot, in the course of twelve months, distinguish one of their remedies from its inert menstruum, it may reasonably be inferred that the so-called 'dynamized' drugs are not to be relied upon as medicinal agents."

At first glance that seems to be a reasonable inference, but a careful analysis will show that if you so conclude you confront the horns of a dilemma—or several horns of something akin, since the verbal police say a dilemma can only have two. In the first place there were the Austrian provers (to say nothing of

many others) who found potency (power) in the 30th or higher; they willfully prevaricated, or they were enthusiastic ignoramuses—they must have been one or the other. If you admit their honesty but still doubt their word, it must follow that they were deceived in the potency they used. But this latter conclusion would logically bring up the character of the potencies employed in the Milwaukee Test. It resolves itself into a question of veracity. Or, again, a pharmacist (as we believe is the case) may honestly hold that a potency and a dilution are one and the same thing and give out the mathematically correct 30th *dilution* for the 30th *potency*—on which three tons of energy have been expended. Again, nothing is said in the paper under consideration as to what drugs were supplied in the “test.” There are drugs that are probably inert except in the crude form, while every homœopath knows that such drugs as *Natrum mur.*, to mention but one, are only effective in the higher potencies—as the Austrian provers found out against their wills.

Against this let us now quote one, Dr. Edward von Grauvogl, *Text-book of Homœopathy*, translated in 1870 by Dr. Geo. E. Shipman, and, unfortunately, after a few copies had been distributed, destroyed by the great Chicago fire. The author was at one time director general of the Bavarian army. He wrote in this book:

When I began the study of Homœopathy, the rock of the attenuation question, on which so many of our adversaries' heads have suffered shipwreck, was, to me never an objection worthy of consideration.

I read the arithmetical calculation of Hahnemann, according to which the first centesimal attenuation of *Aconite*, for instance, contained the 1/100 part of the tincture of *Aconite*, the second, the 1/1,000; the third, the 1/1,000,000; the sixth, a billionth; the thirtieth, a decillionth, etc. This view I considered, a priori, as defective, for what has the law of quantity to do with the laws of relation, under which laws the homœopathic attenuations must also stand? The laws touching the proportion between matter and vehicle interested me the less, because I had first of all to discover, by experiment and observation, the laws of relation subsisting between these homœopathic attenuations and my own organism. Hence I proved on myself one of the most powerful substances, *Arsenic*, and began with its thirtieth decimal attenuation, putting, for the sake of convenience, twenty drops into a half a pint of water, of which I took, four times a day, a tablespoonful.

On the second day, I observed, not having an unsound spot in me, noth-



ing but an unusual thirst, which, however, I attributed to my bodily exertions, the weather being, at the time, very warm; but, at the close of the third day, this peculiar sensation of heat in the mouth rose to such a pitch that I was obliged to drink water the whole evening, uninterruptedly, without being able in the least to allay the thirst.

As this irresistible longing frequently disturbed my sleep at night also, and continued undiminished next morning, I was obliged for the want of any other cause to ascribe it to the influence of the *Arsenic*, and I terminated the proving. This thirst did not disappear until the end of two days.

After eight weeks I proved upon myself the tenth decimal attenuation of *Arsenic*, in the same manner. On the second day, even, I felt weary and averse to all bodily effort. This weariness increasing, on the third night I hardly slept at all, and on the fourth night, I could not close my eyes without being able to discover any other reason for it than the effect of the *Arsenic*. On the following day there was added to this the tormenting precursor of the arsenic thirst already well known to me, and I was convinced enough that these phenomena could only be ascribed to the influence of the *Arsenic*.

Twelve weeks later, having taken the third decimal attenuation of *Arsenic*, as above, I felt, on the very first day, a rumbling in the bowels, to which, on the second day, were added severe pains in the bowels, with diarrhœa and inclination to vomit, which induced me to close this proving also. A year later I made the same experiments with several attenuations of *Arsenic*, and, as regards these three, with the same results, and then proceeded to prove upon myself *Aconite*, *Belladonna*, etc.

These experiments and observations had driven from me forever all doubts about the efficacy of homœopathic attenuations. I gave myself no further trouble about the well known arithmetical description of these attenuations, which were sufficient to frighten so many away.

We could bring up many more battalions of similar testimony from other men whose professional word no one has cause to doubt, and from scientists who are not homœopaths, but it would add nothing essential save weight of numbers. No one doubts the honesty or the accuracy of Dr. Wesselhœft, but the whole matter hinges on the question: Does the curative action of a remedy cease when its molecules disappear from the field of the microscope?

In conclusion, it seems that the foregoing makes out a fairly good case for those who believe in the potencies above those in which the drug can be demonstrated by science, but which potency is best for curative purposes is another problem; perhaps both are needed at times and it is the wise physician who can know which to use and when.

**MEDICINE HAS BECOME MERE POLITICS.**

"Our forefathers were unalterably opposed to restrictive medical legislation, claiming that matters medical would always adjust themselves to the needs of the people. For a century or more the allopathic school in medicine has been insistent in its demands for laws to "*regulate*" the practice of medicine which, properly defined, means the suppression of freedom for others. In the guise of humanitarianism and the ever artful 'for the good of the people,' these political doctors have blinded the eyes of legislators to the true motives underlying their demands until to-day, through the various state boards of health and examiners, the allopathic political leaders are in absolute control of the practice of medicine. Made cautious, however, by the experience of the past, and partially aware of the ominous signs of the times, they are moving slowly, fearing that should their deeply-hidden schemes become apparent to the people the game they have been playing will be lost. Possessed of an arbitrary power conveyed to them by legislatures these boards make rules and regulations to govern the practice of medicine. They go even further and have assumed that they have the right to prescribe standards for medical colleges, with power to enforce compliance with their rules, or by placing the rebellious college on their discredited list force it out of business. Under these conditions they seem to hold the key to the doors of every college and can close them whenever they wish. Under the present rulings of the courts the colleges have not the right to appeal from the action of the boards. But with all the power they possess they move cautiously fearful that if they advance more rapidly their plans will miscarry. In their artful plea for higher education and better equipment and facilities for teaching they hide their real purpose which is to take away from the minor schools the right to exist. The evident intention, unless checked, is to destroy all opposition in medical practice and when the act is finished, to erect a statue over the grave of Liberty on which they would inscribe, 'In the name of Science.' Religious fanaticism committed its crime against humanity in the name of religion. Medical fanaticism commits its crime against mankind in the name of science."—*From Dr. A. F. Stevens' Presidential Address before National Eclectic Medical Association.*

## THE ALTERNATION OF MEDICINES, WITH SPECIAL REFERENCE TO THE NEEDS OF NEW PRACTITIONERS.

By Dr. I. W. Heysinger, M. A., M. D.

As you know, in earlier days, the practitioners of Homœopathy came over from the other side, like Lot and his friends, just before the reign of the coal-tar products began. They were as brands plucked from the burning.

And from necessity they were not possessed of the advantages of didactic teaching so freely afforded today.

Some of them came, like Saul of Tarsus, while engaged in persecuting the new school in orthodox fashion, having beheld a great light, and afterwards led moral and upright lives, though they had not been able to take the full three years' course, like Peter and the rest of the class, including one conspicuous member who flunked, sold out, and gave up his chance of practice, before graduation.

Like Paul, too, these converts were of necessity compelled to study the old records the more earnestly, perhaps, from lack of didactic teaching, and to consult among themselves. Earnest indeed, and full of improvement, were the discussions in those days, which helped to secure conviction and create character. The writings of Hahnemann, and his co-workers and immediate successors, and the older works in medicine from the days of Hippocrates down, were the constant inspiration; and clinical tests, genuine laboratory tests, were constantly applied, and discussed among themselves afterwards, until actual conclusions were reached.

Speaking for myself, under the guidance and advice of my old friends, Dr. Hering, Dr. Henry Brooks, Drs. Kitchen, Tindall and, later, Dr. McClatchey, it seemed possible to get hold of the main facts of the case, and to extend and establish the same by succeeding years of study, experiment and practice. So these older men came over, feeling that there was pretty sure ground beneath their feet, for otherwise they surely would not have abandoned their work elsewhere, and many of these older homœopaths had been, before that, eminent and most successful

physicians and teachers. They had already been established in the clinical use of simples and of those great therapeutical bomb-shells which sent their explosive energies, in those days, into the remotest parts of the doubly afflicted system.

As they went on, a bit of Homœopathy was picked up here, a group of facts there, a *rationale* somewhere else; vast stores of truth were found, hidden and long misapprehended, among the lore of the past, of every school, and the pharmacopœias of the present (and these latter are to this day perfect gold mines to the homœopathic investigator); still holding in hand the old substratum of practice to fall back on; and so they gradually grew stronger, and better able to handle those delicate and most efficient instrumentalities which constitute our homœopathic armamentarium.

But still, even to this day, after repeated trials in endeavoring to hit the nail on the head with our fine-pointed but most powerful devices when well directed, one sometimes feels compelled to take up some old-fashioned broad-faced clumsy-handled shoemaker's hammer, and, with a tremendous blow, drive all before it, occasionally, perhaps, including the patient. But that is because one is forced, by experience, to believe that a good old-school doctor with some sort of system is better than a poor homœopath with none. In fact, there are some eminent old school practitioners today who are actually better homœopaths than a considerable proportion of the professed homœopaths themselves; and when these do not have occasion, voluntarily or involuntarily, to employ practical homœopathic therapeutics they still have a concrete, thoroughly digested, modern and scientific system of their own to fall back on, and not the travesty of all plan, system and method to which some so-called homœopaths resort when they "get stuck."

What struck these men first, last, and all the time, about Homœopathy was its uncompromising common sense. It fitted in with nature, it worked in nature's way; it was like interference of waves of light mutually destroying each other's energy and producing darkness. It was like foci of sound which by overlapping at correct intervals produce dissonance, or silence, or concord. It was the antagonism of nearly coincident energies in all vibrating menstrea, and it appealed to every fiber of

their being—it was rule, plan, system, universal throughout all time, and all space, interacting between the twinkling stars, telling us the story of the chemical constitution, of the sun, and of the other glowing orbs of space; it was the primal expression of all dynamic, rythmical energy, and that made it speak (though to many it still speaks in unknown tongues) the language of common sense. If there was no law (and that there should be no law for man and beast, when all the rest of creation was swayed like a willow in the wind by this identical law) it was, to them, incomprehensible. They knew that there were facts still, at that time, unaccepted by physical science—potentization, for example—but they also were aware that science knew but very little of matter, as matter, and that day by day it was learning to know still less of it as matter,—that the barriers between substance and energy were being burned away, and the living, thinking, dynamic man was emerging; that even here they were willing to accept the supreme test of clinical experience, and thus be led by the light whose rays were extending all around and within them.

But now science has come to the aid of the despised infinitesimal, and pronounces substantially all that Hahnemann had asked for, to be physically possible. Not only with the latest researches into the ultimate electrical constitution of matter are we concerned here, but true physical science affirms that quantities of silver, copper and other substances are powerfully active when diffused in fluids in a ratio in which the fraction of a grain in weight would be represented by unity as a numerator, and a denominator whose ciphers after unity would cover a whole page; and the more recent Becquerel rays prove the division, and physical activity, when divided, of quantities of matter reduced in minuteness to the extreme verge of absurdity. Yet these materially emitted rays or streams have the penetrating property of the X-ray. They act visibly on photographic plates, even on the retina of the eye, and nevertheless are so marvelously attenuated that a French writer says of such substances, uranium or other metals: "The materialistic theory requires us to admit actual loss of particles of matter; nevertheless the charges are so feeble that the most intense radiation yet observed would require millions of years for the removal of one milligram of substance."



The other principles of homœopathic science have never been seriously objected to. The single drug for purposes of administration has superseded in almost all schools of medicine the complicated mixtures and boluses against which Hahnemann waged his unrelenting warfare. The elective and curative affinity of certain drugs for certain well-defined organs and conditions has been universally acknowledged, as also the sole remaining principle, which is to give the smallest dose which will accomplish the complete work, this being determined by clinical experience alone.

We have thus reached the simple question of drug administration.

The fact that drug action is most intense when correlated to the derangements of the system corresponding to its own physiological activity, perhaps its rythmical period, is well recognized, and we thus administer a single drug suitably prepared, and in a simple menstruum common to all, so that such error, due to the menstruum, if it exist, may be eliminated by its concurrence in the provings, as well as in the therapeutic use of the remedy.

To cover a diseased condition it is obvious that the sphere of action of the drug must correspond with the sphere of action of the disease; thus we produce the mutual interference or dynamic action on which the law of homœopathic cure depends.

It is equally obvious, however, that, since one drug can be used for more diseased conditions than a single circumscribed group, these drug activities extend beyond the proper field of the remedy in any given example, overlapping in different directions, in one case here, in another there.

But we know that, if the diseased organism be hypersensitive to those drugs corresponding in action to its condition, we can use drugs so attenuated that, except when directly related to these derangements, their outside physiological action will be *nil*. If it were not for this there could be no Homœopathy. When we give *Belladonna* for an inflammation we do not expect to bring on delirium or convulsions, or if we administer *Ergot* to thus produce gangrene, or if *Mercury* to produce ptyalism.

Hence it is an established principle that the symptoms corresponding to the appropriate drug are met thereby, if the fields

coincide, while the extraneous drug symptoms are of no effect;—it is as though no such drug were taken, so far as these are concerned. When such extraneous symptoms are produced by a drug we call them aggravations, and we are very careful, in our dosage, not to awaken them.

We have in our repertory now perhaps 700 or more drugs in good standing, and we use these according to the symptoms which we clinically encounter.

Many of these drugs have come down to us from the earliest days of Homœopathy, and many have since been added. The older practitioners, in the early days, made magnificent successes. Indeed this is self-evident, for their successes alone have made possible the splendid results of today, and less than splendid successes, at that time, by comparison with other treatment then prevalent, would have damned the system in its inception.

How was it possible for Homœopathy, at that time, to have used any drug, by itself alone, corresponding, let us say, to *Gelsemium*? That is to say, if we assume that *Gelsemium* has any reason at all for its existence in our repertory today. If they met with such cases, such *Gelsemium* cases, unless, by superadding the activities of separate drugs separately administered, they produced totalities now covered by *Gelsemium* alone—they must simply have stood back and let their patients die by the will of God or recover by their own cussedness. That would have been a gorgeous plan on which to revolutionize thirty centuries of blind groping with disease and death. A general who did such a thing with his troops would, had he escaped, have been cashiered and shot before sunset, and his army would have been prisoners in the hands of the enemy, or else dead on the field of battle.

You may be very sure that those old hard-headed, eagle-eyed heroes of medicine who came over to the new system full of knowledge and ripe with experience would not have been fooled into imbecility by any such chaff and tomfoolery as that. They could put their loaded thumb-nails right down on the morbid conditions that were hurting or killing, and they not only did it, but they knew they did it; and pretty soon the world found it out too.

Now if they could meet all their *Gelsemium* cases in those days with some other single drug, why can't we do it today, and what is *Gelsemium* here for? It only adds to and muddles an already overloaded, difficult and diffuse repertory, and all to no purpose whatever. If they were unable to cure their *Gelsemium* cases then, and had no other means at that time in the homœopathic repertory, they were simply professional deceivers. And there are many other drugs in the same category as *Gelsemium*, and there will still be others, as Homœopathy continues to advance.

We have some record, however, of how such cases were managed by our predecessors. I will cite a case from a very high authority, Samuel Hahnemann, in fact. He says: "In purple rash *Belladonna* can do no good; and patients who are treated with *Belladonna* in this disease will generally have to die; whereas all of them might have been saved by the alternate use of *Aconite* and the tincture of *Coffea*,—the former being given against the heat, the increasing uneasiness, and the agonizing anguish; the latter against the excessive pain and weeping mood. *Aconite* and *Coffea* should be alternately given every 12, 16 or 24 hours, in proportion as one or the other medicine is indicated." He then gives the proportions, for this particular attenuation, in these particular cases, using a much lower potency of *Coffea* than of *Aconite*.

With that rare felicity of expression which makes Hahnemann's writings a perfect gold mine to the student or reader, he strikes the basic principle of Homœopathy in the bull's eye in the above extract. He explains the *rationale*; with a totality composed of five groups of symptoms, he covers three of these groups with *Aconite*, and the remaining two with *Coffea*, these medicines being used in alternation, and together constituting a single remedy. Could anything be more clear, comprehensive, common sense or scientific? I think not.

But it has been said that, while two or more medicines may be necessary to carry a case through, one should be repeatedly given until its activity becomes exhausted, when it should be replaced by another, and so on. This is a very different matter, for the drug, when thus used, does not deal with a coincident totality at all, and in a coincident totality, which had to be either

met as a totality or not met at all, the drug would simply be no homœopathic remedy at all. Is that science? Is that Homœopathy? Is that totality versus totality?

Did you ever see a man with a cant-hook getting logs up an incline to a sawmill? He goes to one end of a log, gives it a hitch and blocks it, and then to the other end, and so on back and forth alternately, working on the same totality of log till he gets it just where he wants to have it. Suppose he had cant-hooked at one end till exhausted; he would have had that end of his log stuck out of the far window of the sawmill and the other end down in the log-yard, and there would have been a vacancy suddenly waiting for a new clinician in that sawmill. Try to sing Yankee Doodle by sounding all the g's in the piece, and then all the a's, and then the c's and d's, and so on. Try to walk down street by hopping half the way on one foot, and the balance of the distance on the other.

A man by the name of Pritts once published a book in the interior of Pennsylvania, and critics found much fault with its punctuation. Shortly afterwards he got out another book, in which there wasn't a punctuation mark of any sort throughout the whole, but at the end he devoted a page to periods, two pages to commas, a half page to semicolons, and another to a proper quantity of interrogation marks, and so on with all the remedies, I was going to say, using each punctuation mark successively until exhausted.

A humorist once depicted a woman trying to put a hoop on the family wash tub; it had to go down from the bottom, when she had up-ended it, an inch; she set the hoop in place on the rim, took up the ax, shut her eyes and let drive. She was in the hospital seven weeks; but the newspapers recently mentioned a man who stepped on a loose iron hoop, stumbled forward, the hoop flew up, burst both his eyes out, scalped off the upper part of his cranium and killed him. He carried the "single remedy" too far—he should have alternated. Watch a cooper put a hoop on; tap, tap, tap, all around, alternating from one side to the other, and he produces a capital job, and makes no mistakes and takes no risks.

A prudent housewife would hardly say, "Johnnie, don't alternate; exhaust all the energies of the molasses first and then tackle the dry bread."

As I have before said, Hahnemann clearly shows the *rationale* of alternation, how two drugs alternating with each other keep the system rhythmically moving and carry the whole organism forward as a unity.

Therefore the old practitioners, having this great fact in hand, were never baffled, were seldom at a loss, and didn't, as a rule, habitually use one-half the remedies with which we torment the intellects of our new graduates.

To cast aside these magnificent means of attack, or defense, because not in accordance with the dilettanti ideas of a supercilious philosophy, not founded on fact, but on false and misplaced ideas of symmetry, known nowhere else in heaven or earth, or beneath the earth; to tie one's hands in the greatest conflict before us, the battle of life and death, is to perform for the individual hari-kiri and for the scientific system murder.

Who, fully armed, would go into a lion's den with a single weapon, leaving all the rest of his arms lying outside on the rocks? He would justly be considered vainglorious and ignorant, and fully deserving of the fate which would surely overtake him.

Of course, as practice makes perfect, and uncertainty as to similars diminishes with experience, many of those conditions for which alternates may have been prescribed, and most properly, may later on be met by another and superior single remedy. And there's the rub. Every observant homœopathic physician knows that among his professional friends the same remedy is not selected for the same conditions by one as by another. Yet the results are good, perhaps equally good, with these different selections. Consultations frequently illustrate this important fact, so that we can meet totalities in different ways as skill increases. For the practical, skilled physician therefore there need be no tears shed. But there is a far more important element to be considered than the old and skilled physician in this matter. The cry to the watchman on the tower was not how goes it with the fat burghers, but

“Watchman, tell us of the night,

What its signs of promise are.”

And so I say to you that Homœopathy today is asking the same dread question of the future. What are you doing to make it



possible for a young doctor to go to the bedside of a mortally stricken patient, and with equal mind and steady nerve feel that he has in his hand the needed rescue?

To give him 700 or more different drugs, without link, chain or sequence, and tell him that he must choose, from among them all, the one single specific for this appalling case, or that the death of that patient will lie at his door, and with it all the loss to friends and family, and the loss to the physician of this clientele, is a most frightful thing to do. He is in doubt—the gambler staking his last gold piece on the table at Monto Carlo, with great beads of perspiration standing on his brow, and a pasty clamminess of tongue that forbids speech, is having a gay time compared with this physician playing his game, single-handed, with Death for the stake of a human life, with Death holding nearly all the cards; and yet that poor gamester, who has played the wrong remedy, and lost, staggers out into the grove back of the hotel,—and shoots himself through the brain.

Oh, you tell me, don't disturb yourself; you make a mountain out of a molehill; there is no such danger, the young doctor will learn by experience. Is that so, then—it don't matter—any old thing will do? Gentlemen, are you willing to put that down in black and white, that it don't make much difference what is tried, the difference will not be enough to worry over? Then, gentlemen, you have damned your *materia medica* with *anathema maranatha*, and all the prayers and tears of those great heroic dead who have won their good fight, and passed over before us, will not avail to save your miserable souls from the indelible stigma of professional deception; from conviction for trifling with life and death;—for if this doubt, this anxiety, this horror is faked, and of no account, then the whole is also and is equally of no account.

It is not a fraud nor a fake, gentlemen; it is merely the outcome of a vain effort to put into a four-square box, six inches one way and four inches another, and as shallow as one might reasonably expect, the eternal and illimitable verities of universal nature.

Do you wonder that, facing such a tremendous crisis, with his vials of 1x or 3x, or 12c, or 30c, or anything else in the way of potencies, and looking the problem over in a great crisis,

the young practitioner finds only  $X + X + X$ , all the X's of which are unknown quantities, and the C's something which he cannot see, and says, "I will let my "*experimentum crucis*," pass by for an easier case, and meanwhile, knowing what will at least quiet pain, keep the nerves in some sort of shape, check an agony, and, give me time to think, I will fire in a big dose of morphia sulphate and see how it works at the next visit." At the next visit he finds that the patient has dozed or slept—he has learned the great lesson of the palliationists, "get results!" He has got them. The patient may recover, but you have killed your homœopath.

It is almost entirely due to this, physicians all tell me, that the younger physicians so frequently fall adrift, and make themselves therapeutic spectacles for gods and men. For their practice is necessarily without plan or system, and without knowledge or science. They drift into ready-made medicines, alkaloidal tablets, unscientific and untherapeutic compounds which the most backward old school physicians would look on with smiles and shrugs, and these are the object lessons which our outside professional critics most love to dissect and expose. The old-time ridicule of the little pills has nearly passed away, but the new ridicule is that of sham and apostacy, and it hurts. I have been told by those who know, that teachers in our great old school colleges of medicine in this city (and the same is true of other medical colleges) say that they can respect and observe with interest genuine homœopathic practitioners, but have no respect for medical bastards.

If the young practitioner, instead of being taught that each totality is coverable by, and must be covered by, one single drug already in our materia medica, were taught the common sense truth that totalities of symptoms have not been arranged by divine fiat so that their county and township lines shall be precisely coincident with the rivers, mountain ranges or lines of latitude and longitude of special drugs, but that a totality is a totality to be met and fought by another totality of similars however obtained, you will have given that young man breadth, depth, science, observation and application—he will work with new zest, he will study his repertory, he will advance from one integration to another, and will gradually drop out here one of

the unnecessary alternates, there another, until, while he holds them thoroughly in hand, like a team of spirited horses, he may prefer, for convenience sake, to drive single. He is armed and equipped, as the law directs—and drilled for the great work of his life.

No one condemns alternation except a little coterie of more or less theoretical philosophers. The older ones practised it habitually. I may refer to my old discussions with, and what I learned from, the great and honored teachers to whom I have already referred, and who have passed to their reward. It was Hering, in my earliest practice, who showed me the great effect of *Colocynth* alternated with *Coffea cruda*. It was Henry Brooks who gave me the principles of prescribing, and he defended alternation as one of the basic principles of Homœopathy. It was Tindall who nearly always used it in water or in powders. It was McClatchy who, in his first consultation with me, advised a row of three remedies in series, and we used and afterwards alternated in nearly every case in which I ever met him, and there were many, for they were difficult, dangerous and complicated cases. All the above, save one, were professors in the college here in Philadelphia. And James Kitchen, that noble old Roman, of whom I can never think without love, gratitude, admiration and sorrow, was the very embodiment and apostle of ripe learning and rich common sense in medicine, and we two, when together, often, I was going to say nearly always, alternated.

Why, with such rational principles facing us; that in Homœopathy a totality of disease symptoms is a vital entity and cannot be met and cured by anything less than its own entity; that the pathogenic symptoms of drugs are merely accidental as related to disease totalities, and are never in exact accord, with no excess on either side; that nearly all homœopathic remedies, and altogether all the vegetable ones, are themselves composite substances, each containing many diverse drugs (as *Aconite*, *Belladonna*, *Nux*, etc., are all complex bodies which we can separate into often opposite, and sometimes mutually antagonistic, alkaloids and extractives), so that we are habitually and constantly mixing medicines, the sole valid excuse against outside admixtures being that they are not stable, defi-

nite and proven compounds; that the supreme law of Homœopathy is that of totalities, and that if alternated medicines together complete the totality there can be no possible physiological or therapeutic objection to such totalities; that we are by such accumulated totalities enabled to reach disease totalities utterly impossible at present with single remedies, as the fact that new remedies are gladly welcomed in the profession shows; that we are thereby enabled to meet disease with confidence, by using a double means of attack, and that we are also enabled to successfully practise medicine with far fewer remedies in hand, thereby vastly simplifying the practice and study required to master it; why, I say, with such principles staring us in the face, does a coterie, (of course I do not speak in a personal sense at all), not of practitioners so much as of teachers and writers, insist on adherence to a single drug, using it to cover a part only of the symptoms till exhausted, and then another drug to cover another part, and so on successively, and condemn as outside the pale all those who practise their craft rationally, scientifically and comprehendingly, looking upon ways and means as placed here for reasoning men, and not fed out like babe's milk or syllabub for school girls, with a nursing bottle or in little teacups?

There is a cause for this, and the cause is as far-reaching as it is humiliating to us as lovers and admirers of the race. It is not peculiar to us in Homœopathy; it has always prevailed among men. You know the witty, but true, saying that the Pilgrim fathers fled to the new world to be enabled to worship God according to the dictates of their own conscience; and when they got here that they set to work to see that the Anabaptists, Quakers and Roman Catholics, not to mention those without any specific religion, did it also according to the dictates of the Pilgrims' conscience, failing which they were expelled, hung, pressed to death or drawn and quartered in this world, and eternally damned in the next.

Sky-gazing astronomers who have delved into the routes and habits of the stars, and filled libraries with consolidated myriads of figures and signs, and, above all, those who have published anything, are most intolerant of facts, which do not fit in with their artificially produced symmetry—they have obtained a pre-

cisely four-square science, and woe to him who asks a little outside corner for independent reason. It is well known that, for such reasons alone, great inventions in any of the arts or sciences are rarely produced by those working in the same fields. The workers get into a self-channeled rut, and there they travel, like a half-blinded horse in a bark-mill, and clear fifteen miles a day without getting ten feet away from the center-post.

When Ambrose Paré, in 1579, published his great work on Chirurgery and Medicine, he ushered it forth with these words: "For God is my witness, and all good men know that I have labored fifty years with all care and pains, in the illustration and amplification of Chirurgery; and that I have so certainly touched the work whereat I aimed, that antiquity may seem to have nothing wherein it may exceed us, beside the glory of invention; nor posterity anything left but a certain small hope to add some things."

That was three hundred and twenty years ago.

One hundred years later, when the great work of Charras, apothecary artist to the King of France, entitled "The Royal Pharmacopœa, Galencial and Chymical," appeared, Fagon, the royal physician and of the Faculty of Paris, wrote in the introduction: "They who shall read this may spare the pains of reading any other."

That was two hundred and twenty-five years ago.

Now in getting rid of these terrific ancient formulas and prescriptions, and their conglomerations and alternations, some of which comprised more than a hundred ingredients from the mineral, vegetable and animal kingdom, the reaction couldn't go farther than to strip naked, use a single drug only, and by sliding this one up to the millionth potency get as far out on the roof, and away from that monster, as safety or a decent regard for appearances would permit. But the trouble is that some of the reformers still remain out there, gesticulating and protesting, while the great aggregations which once encamped below, on the field of medicine, have all marched off and disappeared, for nearly a century, and the rest of the world is moving along with quietness and dispatch, engaged with other things. But there is no occasion to worry; such extremists must exist or else the next file would become the end-men, and, if these disap-



peared, the next, until finally the epidemic of irreconcilability might reach even us. We should be sorry, for our own sakes, to be the last man—it would be so lonely. But it is not scientific to base one's practical science on getting away as far as possible from everything which unscientific ages or unscientific people ever believed. Science is systematized knowledge, not systematized ignorance, and truth has existed in all ages.

Consider with me, for a little while again, what I have said about the self-evident fact that drugs have certain pathogenic and curative symptoms irrespective of the diseased conditions to which they are applicable. Are these coincidences accidental, so to speak, or by a purposeful and primordial adaptation, one to the other? If the latter is so, it would appear to be an almighty queer freak of nature that while the *Nux* series of disease symptoms are found equally in America as abroad, and doubtless always have been so, the drug itself was never found on the western continent. Columbus was born a good many thousand years too late. And precisely the converse is true of *Cinchona*; while the rest of the world for countless ages lost millions of lives from malaria, *Cinchona* never could have been employed there prior to the close of the fifteenth century of our era. And the same is true of all sorts of drugs and all sorts of diseases. Now if certain drugs produce characteristic symptoms, each drug *sui generis*, and certain diseases manifest trains of symptoms, for each condition *sui generis*, would it not appear to be only rational to suppose that it would frequently require the combined and co-ordinated morbid symptoms of several diseases to tally up to the complete totality of one of these pathogenic drugs, and vice versa? Else nature, or what stands for nature, has set us down to a Barmecide feast, where every opportunity and hope disappear in the effort to seize them, when in our greatest stress and need of help, lest we perish.

But the *vice versa* is where the shoe pinches; they all concede that the whole of the drug symptoms, in any case, are more than ample enough in number and extent to match the symptoms of any particular disease—that they overlap them in nearly all directions; else we would have a divinely ordained mathematical puzzle, and new diseases as well as new drugs would be under the ban; and no physician ever objected to a new disease, and

a twenty-page article of his own, describing it. But they deny that disease symptoms in any particular case can ever overlap the pathogenetic symptoms of some particular drug, which, to a man brought up in the old-fashioned way of common sense, and who don't believe that a plant growing in one corner of the moral vineyard was divinely ordained, before the evolution of man, in the days when the morning stars sang together and all the hosts of heaven shouted with joy, to be matched up with the specific symptoms of some disease which had never yet appeared, and which when it should appear would do so in an opposite corner of the earth, these factors never by any possibility coming together, to be of any therapeutic use whatever, until within the last century or so, is very strange and interesting, but not at all logical or scientific.

To hold to such a belief and act it out is, in these days, verily

“To reef with a thread the sail that is spread,

And bind with a rope the gale.”

And how about those new drugs produced recently by synthetic chemistry? It has been said that among mankind there are but three sorts of existing human intellects on this planet; one comprises those who can discover and understand things of themselves; another of those who can learn and understand things when told them by someone else; and the third of those who can neither discover nor understand of themselves, nor learn from others.

Hahnemann discovered and understood things; those who came after him learned them from that immortal master, and themselves mastered, co-ordinated, extended and illustrated them.

I know of no writers of authority who condemn alternation of medicines. Some endorse the practice more highly than others, and some only recommend it sparingly; but right here I ask you to make a note; for any author who at any time concedes alternation as valid, in any case, fully opens the door to individual judgment in every case. That is even the law of the jungle.

Says Richard Hughes, in his great work on Therapeutics, in speaking of acute diseases (for it is more particularly in acute diseases that what I have said is of instant and overwhelming

importance): "Acute disease gives a different aspect to the question. There is often no time to wait till the effect of one medicine is exhausted before you give the other; nor can you stay with your patient to watch the fitting hour for the change. So that upon the ground of practical expediency only we are sometimes driven to alternate, since we are unwilling to mix." He then refers to cases of two different sets of morbid conditions coincident in the same patient, and says that alternation "encourages us further to believe that two medicinal actions, as well as two diseases, can work side by side without interference."

I have already cited Hahnemann to show that he clearly perceived this, and laid down the principles governing this side-by-side action of drugs against disease, the latter having a sphere larger in scope than that of either of the medicines singly.

Symptoms are the reflected lights of disease. The nervous system is a marvelous diffraction grating which splits the pathological spectrum into its various colors, with their different vibrating intervals, whereby we can identify, as in the Fraunhofer lines and bands, the otherwise unknown entity which we call disease, and before which question physiology halts, and over which classificational pathology (and nearly all of our pathology today is classificational) stumbles. Pathology has mapped out the shore-lines, the islands and sunken rocks, to some extent, but the skilled navigator knew these long before the pathologist appeared in his wake, and charted them for the unskilled.

These great lines and bands of the spectrum are what we study with our provings and symptoms, and every group, taken from along the whole spectrum, represents a so-called disease, the entity which Hahnemann insisted on as contradistinguished from the name, which latter held full sway in his day. If there are any sorts of microbes involved, this pathogenic spectroscope will pick them out; if there are so-called "functional diseases," it is equally at home there; if morbid processes have produced morbid products, it is still the pilot and guide.

Now, under the law of totalities, we must meet one complete group of symptoms with an antidote or neutralizer of equal scope. That is Homœopathy, and less than that is allopathy, call it by what name you will.

If you find a group of morbid symptoms covered by the patho-

genic symptoms of two different medicines together, and not by one alone, then, if you administer a dose of the one, its dynamic activity will be at once manifest, for physiological experimentation has shown that medicinal substances entering the system will in a few seconds show their presence in the secretions. This dose will act upon a part of the morbid symptoms, and their underlying basis, but cannot possibly move forward the entity of the diseased conditions, a large portion of which lies beyond their dynamic scope. If this dose alone be repeated, over and over, it will soon, by vain striving, lose its effect, and the case will retrograde. But if it be followed by its true disease complement, that is, the other medicine, while the dynamic activity of the former one is still at work, and so on alternately, the diseased organism will move forward as a whole into a state of health.

We can now understand what Hahnemann said in his statement to which I have referred. But it has been said, "How many times did Hahnemann say that?"—as though it made any difference how many times he said it. How many times did He, the Great Physician, say: "I was anhungered, and ye gave me no meat; I was thirsty, and ye gave me no drink; I was a stranger, and ye took me not in; naked, and ye clothed me not; sick, and in prison, and ye visited me not?" Or who, He asked, if his son shall ask him for bread will give him a stone?—one stone. a single stone, which, however often repeated, must have failed to cover the symptoms; so that the gentlemen who administered that prescription went out into darkness, where some of them, perhaps, still remain.

What matters it how often they said it? They said it, they gave the reasons open to all men, and they proved it.

I wish you could, with me, go over again the sort of old school *materia medica* and therapeutics which revolted Hahnemann into his life-long warfare. You would then see the grandeur of the man, and the tremendous character of the reform he wrought. The prescriptions, prior to his time, were simply incredible today. Hundreds of ingredients in a single prescription, pulverized precious stones of all sorts, precious metals, the parts, organs and excrements of all sorts of animals, crabs' toes, vipers' hearts and livers, horses' testicles, little dogs, lizards up to 300 in a

single prescription, skulls of men who died violent deaths, men's blood, the drainage of human corpses, all compounded into a single heterogeneous conglomeration. Only by studying medicine as it then was can we comprehend the overwhelming scope and importance of Hahnemann's great reconstruction and reform.

In the work on the Homœopathic Pharmacopœia and Posology of Jahr, Buchner and Gruner it is said: "The allopathic custom of combining several medicines in one preparation is not admitted in homœopathic practice. It may happen, however, that two medicines are indicated at the same time, though such a thing must necessarily be very rare. If this should be the case the medicines are given in alternation, first one dose of one; then, at a suitable interval, a dose of the second; then again a dose of the former, and so forth, until it may be deemed desirable to institute a change of treatment. Sometimes two doses of one medicine may be given in succession, then one dose of the second medicine, then again two doses of the former, and so on, until the treatment requires to be changed."

Says Baehr, in his Science of Therapeutics: "The custom of administering two remedies in alternation is much more common and widespread, especially with our English colleagues. Much may be said in its favor, still more against it; nor do we share Hartmann's opinion when he calls the alternation of drugs an improvement in our system of therapeutics." Yet, further along, in deprecating rapid changes of medicines in general, he says: "In acute affections, where the life of the patient is in imminent danger, it may be both necessary and pardonable to resort to a rapid change of medicine, since, after all, we are not mathematically certain of having chosen the right remedy." This latter sentence concedes the whole position in favor of alternation, for the author advises it to be employed when life is in imminent danger, which is certainly the last place for its employment, if it is either unscientific or unhomœopathic; and, second, that there is always a doubt as to whether we have selected the mathematically correct remedy, and, in fact, it may be added, whether the right remedy in a single drug is as yet in existence, for if it inevitably is in existence, and was then, as I said before, new remedies and new provings and new books



and new teachings are an invention of the devil and a mere vexation of spirit.

And right here is where the overwhelming importance of correctly teaching the young practitioner comes in. Let him know that, as Baelr says, no practitioner can, in acute cases of life and death, know that he has a single drug which mathematically fills the bill. And in case of doubt teach him, not to abandon Homœopathy, but to work it all the harder, multiplying, if necessary, his effectiveness of attack by means of alternating, and by using a double-barreled rifle, a knife in one hand and a revolver in the other, a knife between the teeth, bull-dog repeater in the breeches pocket, and a Smith and Wesson in each hand, if need be, sail in and carry consternation and destruction to the hydra-beaded morbid conditions which have possessed themselves of the anatomy, physiology or psychology of his patient. Thereby he will acquire confidence, become successful, practical, scientific, and also, and not the least, "put money in his purse;" but ever bearing in mind the great and ancient law of medicine:

"In certis unitas;  
In dubiis libertas;  
In omnibus caritas."

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### THE TREATMENT OF BURNS.

Editor of the HOMŒOPATHIC RECORDER:

You quote on page 408: "As a matter of fact there is no better treatment for severe (or mild) burns or scaldings than an application of soda."

In my experience soda is not in it with *Cantharis* 2x to 6x externally, and 12x to 30x internally. If faithfully adhered to and kept moist, no blister ensues. Is not that homœopathic?

GEORGE W. DUNN, M. D.

E. Peoria, Ill., Nov. 1, 1912.

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### TURNING TO SCHUESSLER.

Dr. Henry Beates, Jr., of Philadelphia, is an able and learned physician. He read a paper before the Am. Therap. Society at Montreal on "Digitalis Therapy" that is reprinted in the

*Monthly Cyclopedia and Medical Bulletin* for October, from which we clip the following:

"Many of the phenomena which, upon superficial view, appear to be symptomatic of numerous and even diverse processes are, when more closely observed, found to be based upon a comparatively few fundamental principles. Thus, for example, ulceration and albuminuria are expressions only of degrees of practically but one process, *impaired nutrition* of the involved cells, and the resultant, diminished functional power and local death."

Also: "It may be well to allude here to that resistance of cells to adverse influences which renders them, for a time at least, immune to invasion, and to the maintenance of what is so aptly termed 'physiological equilibrium,' as well as to recall the fact that cells, doubtless, in some manner not yet understood, possess the power of emitting and sending messages to the proper sources calling for the supply of substances necessary for their integrity and life."

This is nothing but Schuessler's Biochemistry. Schuessler saw it and built a therapy on it which, with due regard for the wrath of friend Vondergoltz, is nothing but a section of the great homœopathic law backed by a different theory. Dr. Beates sees it, but is, as yet, apparently somewhat at a loss as to how to read the messages sent out by the "cells" (or the disease or "disturbed equilibrium," or, in short, the "symptoms") and to minister to their wants. For instance, when the cell's wireless reads "burning—restless—anguish—loss of strength" it probably needs *Arsenicum* in a dose *less in size* than itself. By the same code you may read ten thousand other distressed cell messages and send relief. Medicine is a mighty science when one can free himself from the idea that "bugs" are the disease.

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### THE OLD EAST ASSERTING ITSELF.

The annual report of the New York State Board of Alienists submitted to the Legislature in February of this year says that there were 31,051 insane in the State Hospitals, and their capacity is exceeded by 3,043. This does not include the host of "feeble-minded, imbeciles and idiots," nor does this latter include

another host who are on the border-line. Of the out and out lunatics 5,473 new patients were admitted during the year and 1,383 who had been discharged as cured were re-admitted.—The HOMŒOPATHIC RECORDER, July 15, 1912.

What can be the cause of this large number of insane people? The present social system of America and of Europe is solely responsible for this huge mass of demented people. Disappointed love, unsuccessful career either in trade, commerce or in university life, etc., are the most potent causes of mental aberration which culminate into insanity or uselessness of one's life. It is high time for Europe to take lesson from the East. However they may decry the social system of the East, it is infinitely superior to many now existing on the face of the earth. We would be committing suicide if we thoughtlessly imitate the Western idea. The experience of thousands of years has given rise to a social system which, if abandoned, will be fatal to us.—*Calcutta Journal of Medicine*, September.

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### CARRY YOUR OWN GOURD.

We take the following from *Public Health Reports*, Nov. 1:

#### COMMON DRINKING CUPS.

##### *Amendment to Interstate Quarantine Regulations.*

Treasury Department,

Office of the Secretary,

Washington, Oct. 30, 1912.

*To the Medical Officers of the Public Health Service, State and Local Health Authorities and Others Concerned:*

On account of the frequent spread of disease by the use of common drinking cups, the following amendment is hereby made to the Interstate Quarantine Regulations promulgated by this department September 27, 1894, and amended August 17, 1905, June 24, 1909, and May 15, 1912, said amendments and regulations being in accordance with section 3, act of Congress approved February 15, 1893.

Article 3, General Regulations, is hereby amended by the addition of the following paragraph:

Paragraph 13. Common carriers shall not provide in cars, vehicles, vessels, or conveyances operated in interstate traffic, or

in depots, waiting rooms, or other places used by passengers traveling from one State or Territory or the District of Columbia to another State or Territory or the District of Columbia, any drinking cup, glass, or vessel for common use: Provided, That this regulation shall not be held to preclude the use of drinking cups, glasses, or vessels which are thoroughly cleansed by washing in boiling water after use by each individual, nor shall it be held to preclude the use of sanitary devices for individual use only.

FRANKLIN MACVEAGH,  
*Secretary.*

\* \* \* \*

As it hardly seems probable that the railroads will provide a dish-washer and boiling water at each water-cooler, the traveling public can make up its mind to carry its own drinking cup or go thirsty—or across the street.

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### DEAD AGAIN.

Dr. Roswell Park, in his paper, read before the Buffalo Academy of Medicine, undeterred by the fate of his brilliant predecessors, the prophets of Allopathy, announces the death of Homœopathy. He differs from the others in this: They predicted the death and he announces it. "As a result of rational and State control," he said, "Homœopathy is now almost a forgotten system. In those few communities where it is not practically dead it is moribund." In Canada he was told by an Allopath it was "hugged to death." It is now interesting merely as "vanishing species," "lost races" and "superstitions" are interesting.

Whether Dr. Park wanted to "start something," or was having a bit of fun all by himself, is a question hard to decide. It is possible, however, that, as he had much to say about Isopathy, indeed that was his chief topic, he was urged on by a desire to cover up the fact that the very latest in scientific medical journals, including their advertisements, is but an appropriation of the science of Lux, Swan and others, who preached that each disease, or cause of disease, bore in itself its own cure. The mere detail of the method of administration separates Swan from the veriest "up-to-date" medical doctor of Dr. Park's sect.

Our esteemed Buffalonian ought to know that no one can kill Truth. If Homœopathy is Truth it cannot be killed; if it is a mere medical vagary like the perspective of Allopathy that stretches back to the beginning of things medical it will die of itself without the aid of "State control,"—a most unstable thing, as all saw at the last election. State control, new requirements and autocratic licensing boards may make it so that the virile years of a man's life must be spent in acquiring "a competent medical education," and he enters the race dim eyed from much study, but the wise men in Dr. Park's medical sect know that a breath of popular disapproval will blow the whole fabric away like a soap-bubble. Men may be drilled for years in medical routine and may be letter perfect in all the ologies and yet, lacking that something that must enter into the make-up of the true physician, not be physicians, *healers of the sick*, in any sense than the legal.

Excepting the eternal verity everything in this world is ephemeral—even Dr. Park's address. It, however, has made its little ripple, which may prove useful to those homœopaths who are ever wanting to "hold out the right hand of fellowship" to the allopathic sect—and be "hugged to death."

It may also be a useful sign to our national, State and local societies not to be too eager to lend their aid to legislation originating among the men who say they, the homœopaths, are "dead ones," which, indeed, they will be if they go over. The allopaths are "dominant" in number only, but the man who pays the doctor's bill outnumbers him, thousands to one, and he ought to be considered, and he will see to it that he is considered; for when the medical beatitude is reached, longed for by so many of Dr. Park's way of thinking, when all doctors will be cast in the same pattern, and The Man Who Pays the Bills doesn't like that pattern, as, probably, will be the case, he will swing his huge foot, and there will be sheol to pay. It is a poor thing to tell "the people" they do not know anything about medicine (which is true in a sense) and act accordingly, but the sufferer has one viewpoint that is truer than the doctor's—he knows how he feels. If he does not feel right after the legal treatment he will "try" something else, and all the laws, universities, colleges and "prominent medical journals" cannot stop him.



The wise medical leader will not too greatly endeavor to head off opposition by means of the sheriff and the police, for surely the weapons he uses will be used on him. Let him convince all he can convince that he is right, but let him beware of dictating to that huge beast, The Public: Thou shalt have no other doctor but Me.

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### THERAPEUTIC POINTERS

E. M. Jacobs, M. D. (*Am. Jour. Clin. Medicine*, Nov.), writes: "If you want to cure your patients in half the usual time, give them 5 to 10 drops of the tincture of *Echinacea*." He is writing about typhoid.

Dr. W. W. Houser, Lincoln, Ill. (*Ellingwood's Therap.*, Nov.), tells of a case of eczema on his own person, that began forty years ago, and became so bad that only by strong antiseptic baths could he obtain a little temporary relief. The biggest skin men in the country gave him up—couldn't do anything. From an old Irish woman, Maggie Maloney, he heard that sulphur was what he needed, and he took it (in very big doses) and it did the trick. Now, he says, he scratches, he believes, from an old habit. "The treatment has surrounded me with a somewhat suspicious odor, and badly tarnished all the brass I wear (except that on my face). But it would take a large sized check to express my value of the good it has done me, and it did it at once."

The *Medical Record* said of tetanus antitoxin: "The best test of this antitoxin was made by the Russians during their late war with Japan and both the public and private opinions of Russian military surgeons have completely denied it any therapeutic value."

An editorial in the *Journal of the American Medical Association*, September 28, regarding the tuberculosis sanatorium at Ft. Stanton, N. M., maintained by the government public health service, says: "The use of Tuberculin has been entirely discontinued, as its effect is believed to be limited chiefly to the results of its administration on the mental condition of the patient."—*W. B. Clark, M. D.*

If milk must first be sterilized to make it safe, is it a fit food for any one even after it is sterilized? In other words, isn't there

a good deal of "sound and fury signifying nothing" in much we read about "killing germs" in germ infected food to make it fit for food?

Dr. Philip Rice, San Francisco (*Jour. O., O. and L.*, Nov.), remarks that *Baryta carb.* and *Calcarea carb.* run very parallel in their indications, but the great dividing line is that, in children especially, *Baryta carb.* presents arrested physical and mental growth, while the *Calcarea carb.* child is usually well grown and mentally bright, otherwise, as said before, the symptoms run very similar.

"*Gelsemium* is an excellent remedy in all cases where there is an irritable condition of an organ, especially of the bladder. *Gelsemium* is contra-indicated in every case where the extremities are cold."—Dr. A. W. Smith, *Ec. M. J.*, Nov.

Dr. Geo. S. Graham (Ellingwood's *Therapeutist*) writes that in five epidemics of scarlet fever he has found *Belladonna* to be a sure prophylactic in the families he attended.

Dr. J. E. Wright, of Philadelphia, related the following rather interesting point the other day. The patient had been vaccinated some years before several times before it "took." There was a good sized dry scar. He had occasion to give *Thuja* and in a few days this old scar began oozing and continued to do so for some time, but, finally, healed again and the patient was much better afterwards.

Here is, perhaps, a curious hint. Bowlby, quoted by the *J. A. M. A.*, asserts that it is bad to give a patient any purgative or aperient who cannot pass flatus. "There is no question about this." A good rule is not to give them at all, for if there is an obstruction it must be corrected surgically. If not the indicated remedy or correct diet will be better.

Dr. C. S. Raue (*Hahn. Monthly*, Nov.) writes concerning recurring vomiting, especially in children: "Among the remedies likely to be indicated I have found *Iris versicolor* most useful. Its symptomatology presents the periodicity, the neurotic elements and the acid hypersecretion which, I believe, is frequently a prominent feature of the attack."

**OBITUARY.****H. W. Fair.**

After an illness of three months, Dr. Hezekiah W. Fair died shortly after 10 o'clock, November 15, in his home, 12 East Twenty-Fifth street, Baltimore. Death was due to tuberculosis. For three months Dr. Fair had been confined to his bed.

Born in York county, Pa., sixty-three years ago, Dr. Fair was educated in the schools of his county. After graduating he secured a position as teacher in the school where he received his education. After holding this position for a number of years Dr. Fair decided that he was fitted for something better than a country school teacher, so he began studying, after school hours, and at the age of 24 or 25 he entered the Hahnemann Medical College of Philadelphia, from which he graduated in 1880 with the highest honors.

He began the practice of medicine in Seitzland, Pa., and remained in that place for 22 years, when he decided to go to Baltimore. He moved to the Twenty-Fifth street address and soon built up an extensive practice. Dr. Fair was an expert on diagnosis, and his advice was freely sought by some of the best known physicians in the city and State. Dr. Fair was a prominent member of St. Mark's Lutheran church, and took great interest in charitable work.

Dr. Fair is survived by three sons (Dr. H. L. Fair, Dr. M. A. Fair and Ivan R. Fair, the latter a resident of York county, Pa.), one daughter (Mrs. Estie Stick, of Charleston, W. Va.), a sister (Mrs. Ella Hunt) and a brother (Harrison Fair, of York county).

The interment was at Glen Rock, Pa.

**Knapp.**

Thomas P. Knapp departed this life on September 25, at his home in Union, N. Y. He was a graduate of Hahnemann Medical College of Philadelphia, Class of 1854, and had been in the continued practice of his profession for fifty-three years, or until within a week of his death—a good, old homœopathic doctor.

**Packer.**

Edmund H. Packer, M. D., was born in Newark, Vt., May 15, 1844. His parents were Dr. J. Q. A. Packer and Lovina N. Packer, of Marshfield, Vt.

Dr. Packer received a common school education in his native town and also attended the select school of Edwin Burnes. He was fitted for college by his uncle, Rev. David Packer, M. D., who was at that time a minister and practicing physician.

In August, 1864, he enlisted in the Third Vermont light battery, and served in front of Petersburg until the surrender of General Lee. He was mustered out of service at Burlington, Vt., in June, 1865.

He first began the study of medicine with his uncle, Dr. David Packer. He matriculated at the Hahnemann Medical College of Philadelphia in 1865 and in 1867 received his degree of Doctor of Medicine, and came to Lowell, where he again entered the office of his uncle, and remained in active practice with him for one year. He then opened an office of his own and continued in practice until 1870-71, when he took a post-graduate course at his old alma mater. Since then he has continued to practice in Lowell. He was elected a member of the American Institute of Homœopathy, June 8, 1869, and was a member of the Massachusetts Homœopathic Medical Society and the Lowell Hahnemann Society. He was a member of Kirk street church.

He is survived by his wife, Emma H. Packer; a son, Henry W. Packer; one brother, Silas H. Packer, and five sisters, Mrs. Joseph Hamilton, Mrs. David Lucas, Mrs. Charles Clark, Mrs. Alice Fisher and Mrs. Mark Mears.

Dr. Packer was a member of Kilwinning Lodge, Mount Horeb Royal Arch Chapter, Ahasuerus Council of Royal and Select Masters, Pilgrim Commandery of Knights Templar, Boston Consistory, Mount Calvary Chapter of Rose Croix and Lowell Council Princes of Jerusalem.

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## BOOK REVIEWS.

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CLINICAL GUIDE. By George Frederick Laidlaw, M. D., Professor of the Practice of Medicine; Visiting Physician to the Flower Hospital; Visiting Physician to the Metropolitan Hospital. Compiled for use in Dr. Laidlaw's Clinic in the Homœopathic Medical College and Flower Hospital. 152 pages. Cloth, \$1.50. New York, Boericke & Runyon. 1912.

To begin, this book is of octavo size, but opens *length-ways*—like a music book; whether this is not a mistake is a question which each must decide for himself. We prefer a book that opens in the orthodox manner, probably because it is easier to hold. However this matter of mechanical book-making does not affect the contents.

This book is, the author tells us in his preface, practically his “office memorandum of tests and diagnostic items.” In other words, if we read it aright, it is a book on the orthodox methods of making bacteriological diagnosis. It is a book of tests and how to make them. From this angle it is admirable, the tests those that are in almost daily use and some that are not so often required—tests for urine, gastric contents, blood typhoid, sputum and a great deal more in that line. “Only simple, accurate and practical tests are given.” The final chapters contain “such data as a student or physician attending a post-graduate course in clinical medicine would copy in his note book.” In short it is a sort of post-graduate course. Some grim old reader may ask: “Of what avail is all this detail in curing the case?” To which we can only reply in the slang of the day—or of yesterday—“give it up.” However, if you want these refined touches in a book send for Dr. Laidlaw’s *Clinical Guide*; learn what they are, even if you do not use them.

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### A CONGRESSMAN HEARD FROM.

THE PEOPLE ARE NOT CRYING FOR IT.—The following letter from a California representative in answer to a telegram sent him by the San Francisco Medical Society was printed in the *Pacific Medical Journal* for August:

*Dear Sir:*—I am in receipt of your telegram of May 10, recommending the passage of the Owen Health Bill, and will say that I shall give the amended bill most careful consideration, but I would state that *out of the many hundreds of communications* I have received on the subject, not half a dozen have favored the measure.

Yours truly,

GEO. C. PERKINS.



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## EDITORIAL BREVITIES.

A VERY GLOOMY OUTLOOK?—Our esteemed C. M., of *The Clinique*, heads his leading editorial in October issue "What Gives Homœopathy a Black Eye?" The answer is that it is "the fungi" attached to Homœopathy, touched on in the August RECORDER. The RECORDER does not believe in "fungi" any more than does C. M., but what to one man is a fungi is not so to another. Indeed, if every man in a given medical society were to state who in his opinion were fungi, and these were to be rooted out, that society would probably cease to exist, for there would be none left. Religious, political parties and medical schools are built around a central principle. If a man subscribes to this it will not do to follow him into details too closely, for if these are made tests disintegration sets in. For example, a man may be a homœopath and believe in vaccination or not; believe in antitoxins or not; in typhoid vaccines or not; in high potencies or not, and so on. If either the believer or the non-believer in these and many other things over which men disagree is to be rooted out there is an end of mental freedom in that organization. We have heard two men in good standing in a medical society and in the community disagree on nearly all the "fungi." What then?

However, all this is beside the "gloomy outlook." Here it is from the pen of our friend C. M.:

"First of all, when a young man goes out into the middle west to practice medicine he finds at once that Homœopathy is not merely a practice, but a fight. In other words, he finds himself up against the allopathic Jack Johnson. He finds that Jack is strong, clever, and cunning: all of a sudden Homœopathy is

'down and out' in the young man's region. Not long afterward the young man changes either his location or his school of practice. Either that, or starvation and failure."

This may be a true picture of the state of things, but if it is then the only way a homœopath can avoid being knocked out by allopathic Jack is not to be a homœopath. It is Homœopathy itself to which Jack objects, for he has plenty of fungi of his own. If one has to "change his practice" to live why study Homœopathy? Every one knows that Homœopathy in the past has suffered from the crankiest kind of cranks, and that these are still with us; also that experience teaches they will continue in the future; but can any one point out a great principle that has not been equally afflicted? Getting rid of the "fungi" was tried in Christianity by most drastic methods. The RECORDER has nothing but kindly feeling for all—the gentle Christian Scientist, the bouncing osteopath, the herbal eclectics and the haughty Jack Johnson—but sticks to its central principle, Homœopathy. This does not mean "hatred" of C. M.'s ideas, only a mild questioning as to whether he is not somewhat too pessimistic. Indeed, Dr. E. Stillman Bailey in his address of welcome to the students of "Hahnemann, '12," Chicago (p. 612 of this issue of *The Clinique*), said: "There is no over-crowding in our art. It is impossible to supply the requests for public positions, to say nothing of the demands for practitioners for home towns." It is possible, however, that if the young homœopath attempts to fight in the armor and with the weapons of the other side he will be knocked out. He should remember David when he fought Goliath, the Jack Johnson of the Philistines at Shochoh; how Saul wanted to put on him the regular armor and arm him with shield and spear, but David went out as he had been trained, armed only with his own weapons, and he overcame that doughty giant with his comparatively infinitesimal pebbles from the brook. If he had met the Philistines' Jack Johnson with his own weapons he would have gone down to defeat. So with the young homœopath who tries to meet the allopath with his own weapons. If he thinks the allopathic arms are the best he should go where their use is taught. If he thinks the homœopathic weapons are best let him train himself to be a skillful user of them, as was David with the sling.

So mote it be!

MEDICAL UNITY.—Our friends on the *Buffalo Medical and Surgical Journal* say: "The HOMŒOPATHIC RECORDER (Sept. 15, 1912) regards medical unity as impossible, but its environment seems to be a quarter of a century behind that of Western New York." You have not caught the point, brother. There is no reason why men of various beliefs in medicine, politics and religion should not be friends and work together in many things, but two opposite principles, as, for instance, the rule of contraries and the rule of similars, *cannot* mingle; it is a philosophic impossibility. To be sure a man may take them all in but this does not mean unity; even in his own mind they must remain contraries. Just for a time abstract men, hospitals and journals from your thoughts, and ask if opposities can by any possibility be unities?

In this same note the *Journal* alludes to the fact that a certain big "regular" journal refused the advertisement of a homœopathic book, and comments as follows: "We should probably regard the work as unscientific also although one of the most scientific and useful books that we have reviewed in the last half year is the work of a homœopathic author and of a homœopathic publishing house. But we do not believe that any man or body of men in this age of the world have the right to debar from publicity any utterance expressed in good faith. The more certain we feel that a book or paper is wrong, the less we fear that it can prevail against the truth. The fuller the opportunity for presenting fallacious reasoning, the sooner the fallacy is detected. And, the more one learns, in other words, the more scientific one becomes, the less cock-sure is he of his own absolute accuracy."

Shake! For fallacies presented in the light are soon detected and vanish, so go to it!

THE WHOLE TRUTH.—The editor of the *Hahnemannian Monthly* in commenting on President Carmichael's interesting address delivered at the Pittsburgh session of the American Institute of Homœopathy last June, writes, in part:

"We are compelled to conclude, therefore, that medical sectarianism is primarily due to the immature development of medical science, with the result that each sect or school, having recognized and developed a certain *part* of therapeutic art, dog-

matically assumes that they have discovered the *whole truth* of scientific therapeutics and that all other therapeutic principles and measures are fallacious and harmful. This magnification of a part above the whole constitutes the essence of sectarianism and the various other evils that accompany it.

"Dr. Carmichael insists that the remedy for this condition lies, not in the enactment of restrictive laws nor in the political combination of one school with another, but in a general recognition, on the part of physicians, of the fundamental fact that the whole truth is greater than any of its parts and that there is no antagonism between the various parts which, fitly joined together, go to make up a harmonious and symmetrical whole."

The RECORDER fully agrees with Dr. Carmichael and the *Hahnemannian* in this statement, for it is a self-evident proposition that no sane man can dispute. The whole truth is made up of its parts and is greater than any of its parts. This involves the further proposition, equally indisputable, that each part must be true in order to be a part of the whole truth.

THE ONLY MEDICAL UNION POSSIBLE.—The following is from the address of President Roche, of the British Homœopathic Society, delivered Oct., 1912. (*B. H. Jour.*, Nov.):

"We have never claimed that we had all the truth, but the truth we have, for what we have, is truth. The truth was from the first denied, declared to be folly and lies, but through the century the tyrannous pressure of the bitterest trades unionism ever exhibited has failed to crush it, or its exponents. We are, as always, ready to resume our unwillingly vacated and proper place in the profession, but those who closed the gates must open them to us with our banner of truth intact, and there must be peace with honor. We must keep the flag flying till it can be carried by faithful hands to its true place in the van of the army marching on to victory over disease and pain."

WAS IT CHOLERA?—The *Lancet's* (Oct. 26) China correspondent tells a curious story. During the past summer Shanghai suffered from an acute and frequently fatal disease that had all the ear-marks of genuine Asiatic cholera, but because the health authorities could not find Koch's comma bacillus present they

refused to call it cholera, but "some of the medical practitioners have notified cases as cholera, and continue to do so. These cases have the same symptoms and the treatment and the results are the same, the only thing lacking being the presence of Koch's bacillus," writes the correspondent. Clinical medicine and bacteriological science do not trot well together, for the practical clinical side sees that generally things are not what they seem to the laboratory man who insists that his is an exact science, and, consequently, the clinician must not go outside of it.

WHAT IS BACK OF TUBERCULOSIS?—Dr. Bernard Hudson (*Lancet*, Oct. 26) gives a few observations made during his stay at Davos-Platz, Switzerland, where he treated about 400 cases of tuberculosis. He says: "I find it difficult to imagine a perfectly pure tuberculosis infection of the lungs, one where there is no other inflammatory process at work." This is in harmony with what H. C. Allen says of severe cases of fevers, in his book, *Therapeutics of Fevers*, and with Hahnemann in the *Chronic Diseases*. Back of the disease is the chronic miasm of the patient which must be successfully treated to accomplish a cure. Readers of Burnett's little books know that it was on this line that he was so successful with many apparently hopeless cases. Dr. Hudson treated his 400 cases with vaccines from various organisms present. About 20 per cent. were benefited or cured while the remainder showed no effects, good or bad. This is very near the line on which Burnett worked in his *New Cure for Consumption With Its Own Virus*, excepting that he gave the triturated and potentized *debris* from the diseased lung, 30th or 200th, by mouth instead of the near-crude hypodermically. Any doctor can procure some of the matter coughed up by a given case, have it triturated and run up, and thus give autogenous treatment in a better, cheaper, safer manner than is now done. Burnett's *Bacillinum* to-day will, however, do perhaps all the good that can be expected from any vaccine treatment of tuberculosis.

BACILLUS CARRIERS.—The Vienna correspondent of the *Lancet*, Oct. 26, tells of the medical staff and nurses of the general hospital who had dined together, or, at the same time, being "simultaneously attacked by violent gastro-intestinal trouble with great



prostration, diarrhœa, vomiting and pyrexia." Investigation was made but nothing to account for the outbreak was found, until as a last resort, the stools of the kitchen staff were bacteriologically examined, and it was found that four of them were "carriers of bacilli." Unless these carriers were suddenly animated by unheard of malice in putting that from themselves in the food that should not be there, it requires a robust faith to believe they were the cause. If, however, this belief is generally adopted, we shall soon be up against health inspectors of the stools of cooks, waiters, etc., and the timorous public will have a new occasion for hysteria. From a most superficial knowledge of bacteriology it strikes one as being odd that bacteria of this nature should possess the power of striking so suddenly and acutely. However, perhaps our skepticism is too extreme, but the whole matter is a case for the Missouri "show me," for a belief in it opens an awful vista of pother among cooks—and there is enough already as all know without the germists butting in.

SALVARSAN AND MERCURIUS 200TH.—This is from the *Homœopathic World's* report (Nov.) of the last meeting of the British Homœopathic Society. "Dr. Hare showed a case of gummatous ulceration of the leg (previously shown) now entirely healed by the use of *Salvarsan*. He also showed as an interesting phenomenon for further observation a Wassermann reaction in a syphilitic patient, which from being positive had become only partial following the administration of a single dose of *Mercurius 200*."

ANOPHELES AND FEVERS.—The following point taken from a paper on "Quinine and Intermittent Fevers," by Dr. Kruger, of Nîmes, and published in *Journal Belge d'Homœopathie* for Sept.-Oct., is rather interesting, especially in view of the fact that all European homœopathic physicians are graduates of the same universities and schools from which the "regulars" are graduated. Dr. Kruger says, in effect, that he agrees with Dr. Castellan in his criticism of the "grotesque theories" which attributes the origin of intermittent fevers to the anophele mosquito, which, at best (or worst if you prefer it), is but an intermediary agent transmitting the poison from the marsh. Dr. Kruger cites Italian

testimony that in some parts where there are many anopheles there is no fever, while in others where there are none the fever prevails. It looks as if a parallel case might be cited of an unfortunate who carried the odor of *Mephitis* (the pole cat) on his garments, and some scientist were to say that the unfortunate was the cause of the odor. Dr. Kruger is not defending mosquitoes but merely pointing out errors of certain medical men who jump to conclusions. Such conclusions make men temporarily famous but are of no use to medical science, which, as all know, can be SCIENCE only when founded on the immutable rock.

AGGLUTINATION.—In his lecture on "Immunity" (Buffalo *M. and S. Journal*, Nov.), Ludwig Hekton, Director of the Memorial Institute for Infectious Diseases, Chicago, said: "The agglutinative peculiarities of each person appear to be quite permanent. It is said that in their transmission from generation to generation they follow Mendel's law." If this artificial agglutination of the blood is permanent (like a scar) the question arises: Is it a physical good or is it a permanent injury?

INSANITY INCREASING.—The Berlin Letter of the *Journal A. M. A.*, Oct. 19, says that in 1897 there were 7,033 insane cared for in Saxony, Germany. In 1910 the number had risen to 14,542. No one disputes the philosophical axiom that there can be no effect without a cause. To-day Germans are better housed, better fed and clothed, have better sanitation and creature comforts than ever before, yet the number of insane have more than doubled in a comparatively short space of time in one state and presumably the same is true of the remainder of the country. What is the reason for this? In the not very distant future this increase of insanity in civilized countries will be a big proposition to face for the taxpayer. This increase seems to be going on in all up-to-date regions. The same letter mentions the further statistical fact that the regularity of the insane in suicides is a "striking phenomenon." A curious feature of this is the fact that while the figures per million have risen to 238 in France, 228 in Switzerland, 220 in Denmark, and 207 in Germany, they are only 29 in Ireland and 20 in Spain. Scientific medicine should spare a

little time from the microscope and animal experimentation to look into all this, for the increase seems to be right around them. The medical scientist who can trace out the causes of the ominous and relentless increase in insanity, and its twin, suicide, will be a bigger benefactor to humanity than he who discovers a new microbe.

"AGGLUTININS."—Dr. F. F. Russell, Major, Medical Corps, U. S. Army, contributes a paper to the *Journal A. M. A.*, Oct. 12, on the results of antityphoid vaccination from which the following is taken:

"In the early days there was a tendency to consider that this immunity lasted for little more than a year since agglutinins disappeared from the serum at about this time, but we know that agglutinins are present as long after vaccination as after typhoid fever, which gives, as a rule, protection for life."

As "agglutinin" is a comparatively recent word it may be well to give its definition as found in the latest medical dictionary, Stedman's. Here it is: "An antibody which causes clumping or agglutination of the bacteria or other cells that have acted as antigens." From this it may be inferred that in the normal blood these things are not agglutinated. The agglutination which follows typhoid fever and typhoid vaccination lasts, apparently, during the life of the patient. As it is not a normal condition the question arises: Is it a desirable one? May not this consolidation of particles in the fluid blood ultimately result in undesirable states? This is not a hypercritical question but a fair one. Can any reader answer it.

POLIOMYELITIS (INFANTILE PARALYSIS).—This is a curious disease. One time it appears in Massachusetts, then in Texas, Oklahoma, Southern California, Northern New York, in "epidemic" form with scattering cases here and there. Now *Public Health Reports* (Oct. 25) tells us it has broken out among the Eskimo at St. Michael and at Unalakleet, Alaska. The man who insists that it is a contagion must find it difficult to reconcile the facts with the theory. Indeed the man who denies that disease develops from physical (and perhaps mental) conditions in a community, and insists that it is a substance imported into a com-

munity, has a hard logical row to hoe. He will admit, as does one of our learned personal friends, that only the "susceptible" contract it; but to this comes the query: Is not the susceptibility the disease itself in process of development? If one can remove this abnormality in the constitution shown by any thing from loss of hair to incipient tuberculosis, is not the disease removed?

TESTING THINGS ON ANIMALS.—Professor W. T. Sedgewick, of Boston, contributes a paper, "The Fallacy of Testing Food Materials by Animal Inoculation," to *Jour. A. M. A.*, Oct. 26. It opens as follows: "Some years ago it was seriously proposed to test the purity and salubrity of drinking waters by means of animal inoculation. Portions of the water to be examined were cultivated in sterilized bouillon at the body temperature, and the resulting cultures after a stated time were inoculated into guinea pigs, rats or other test animals. If these sickened or died the water was condemned. Fortunately, since some sense of humor still remained among sanitarians, a proposition so absurd was soon laughed out of court. From time to time, however, this discredited 'test' is again gravely brought forward even for water, but more often nowadays for some other form of food or drink, such as eggs, oysters, ice cream, gelatin, catsup, etc."

Naturally the query arises as to whether this does not hold true of drugs tested on animals on which so much of to-day's therapy is founded?

A NEW DISEASE?—The medical men of the canal zone, where they are digging the "big ditch," are up against a puzzling proposition, according to Dr. W. E. Deeks, chief of medical clinic, Ancon Hospital. An epidemic has started which is gradually spreading. In brief, the patients suffer from chills, fever, backache and headache. It is said to be highly infectious. No malarial parasites have been discovered in the blood and no anopheles are about, therefore it is believed that it is "some hitherto unrecognized fever." May it not be possible that "malaria" may occur without the aid of mosquitoes, or without showing the parasites? It is said that "chills and fever" followed the digging of the canals, that preceded the railroads in the United States, even in winter time. It looks as if the disease, or something very

much like it, may originate from "miasms" as well as from anopheles. Perhaps it is a new disease but it looks very much like that which so often follows the breaking up of new soil. Did not something similar attack many of the pioneers in this country when they first plowed up the prairie soil? Perhaps some reader can answer on this point.

TREATING GONORRHŒA.—A Mueller, in *Deutsche Zeitschrift für Chirurgie*, Leipzig, Sept., comments on the folly of injecting the disinfecting solution from below as this is liable to sweep the germs farther up. He advocates a minute incision by which they may be swept downward. Mayhap the patient might have something to say in the matter, but, aside from this, it seems that between pushing the poison farther up, and a surgical operation to push it down, the wise patient (if there be any with this disease) would choose homœopathic treatment. Dr. Mueller has raised what earnest men term "a problem." If every case of gonorrhœa must have a surgeon the demand will exceed the supply.

SPINAL MENINGITIS.—Apropos of Dr. F. F. Netherton's letter in Oct. RECORDER (p. 460) we quote the following from *The Lancet* of Oct. 19: "Twenty thousand horses are said to have fallen victims to a disease that is termed spinal meningitis in Kansas and Nebraska. Twenty veterinary experts have been sent by the United States Department of Agriculture into the infected districts to investigate and fight the epidemic which prevails over two-thirds of Kansas." Dr. Netherton, it will be remembered, intimated that the cause of this epidemic *might* possibly be traced to the horses used for making the spinal meningitis serum and then sold. Whatever the cause it has had a most disastrous effect.

A MARVELOUS TALE.—The Italian correspondent of *The Lancet*, Oct. 12, tells the following:

"Professor Penne gives an account in a recent number of *Filosofia della Scienza* of his experiences with marabouts in Tripoli. He seems to have succeeded in winning their confidence in the course of philosophic conversation, and was able to arrange for a demonstration in a room in a hotel in the presence of him-



self, of the manager of the Agency of the Navigazione Generale Italiana, his son and his brother, of three professors and others interested. Six marabouts arrived at the appointed hour. After some prayers and a consultation among themselves, one of them took a dagger, put the blade in his mouth, and brought it out through his left cheek until half the blade was external to the skin, without losing any blood or showing any sign of pain. With another dagger he transfixed his right cheek, with a third he pierced his throat, and others he thrust into his forearms. Everyone was able to observe that the daggers really pierced the flesh, and that on their removal they left no external mark beyond slight ecchymoses. Another marabout ran a dagger through his abdomen with no apparent ill effects, and then ate an extraordinary quantity of nails of all kinds and sizes. He was asked how he would get rid of these, and replied that he would know no more about them, as once they entered his mouth they became like water. Among other feats one broke a glass flask and masticated and swallowed the fragments as though they had been chocolates. When asked to reveal the secret of their powers the reply was that the would-be initiate must undergo a long training with penances, fasting and fearful trials."

All that is about as hard for the average man and doctor to swallow as it would be for him to ingest the nails or the broken glass. Our esteemed Dr. J. D. Buck, of Cincinnati, is the only one we know of who could throw any light on this story, coming, as it does, through high medical sources.

FUMIGATION AND DISINFECTION.—Dr. H. L. Arms and C. F. Whitney, of Boston, under the heading "Treatment of Rooms After Diphtheria and Scarlet Fever," in *Am. Jour. of Public Health*, New York, October 11, consider this subject and arrive at the conclusion that fumigation is practically useless, and that the real work is done by scrubbing and airing the room. Since July 4, 1911, there has been practically no fumigating and the results bear out the contention, it is claimed, that the practice is unnecessary. Those interested should look the matter up in that journal for it would be a great boon to families to be spared this operation.

MEDICINE AS SHE IS.—Picking up the nearest copy of *Public Health Reports* (Sept. 27), we learn that according to official figures there have been, during the week, 29 cases and 15 deaths from the new terror—poliomyelitis. This covers a population—in districts named of approximately fifteen million persons. Now in a medical journal before us we read, concerning vaccinating against this disease: “Three injections appeared to give desirable results; the doses of 500 million, 1,000 million, 2,000 million would seem to be sufficient.” The writer then cites in proof of this that 280 persons were inoculated in this manner in one city, none of whom contracted the disease, and 100 in another city only 2 of whom contracted the disease. This is the proof advanced. It resolves itself into this proposition: As 29 is to 15,000,000 and 2 to 280 so is the answer against the prophylaxis. The gentlemen who indulged in this sort of thing seem obsessed by the idea that every one they inoculate would have contracted the disease if he had not been inoculated.

Mathematically, however, 1 in 140 of the inoculated contracted the disease, while only 1 in 53,910 of those not inoculated contracted it.

THE MEDICAL, BOTTOMLESS ABYSS.—The following is a quotation from a letter from an allopathic to a homœopathic physician, recently published in one of our exchanges: “Because I am keen in the vaccine treatment of various conditions, must I divide myself from the bulk of my *confreres*?” To this the homœopath replies, in part: “There is no reason why you should divide yourself from the bulk of your *confreres* because you are keen on vaccine treatment of various conditions. Your duty is to do the best *you* know for your patients.” What more could any one say? If a doctor does the best he knows what more can be asked? Yet when this apparently uncontradictable proposition is put there looms up historical cases. Washington, “the father of his country,” bled by the local men until little blood remained; a consultation was held with the greatest medical men called from the nearest city; they could think of no more to do than to draw more blood; this was tried, but no more was left to answer to the lancet’s click, only ichor. So the father of his country died—every man doing the best he knew to save him.

Sort of problem, isn’t it?

CONCERNING SPECIALISTS.—Dr. Louis Frank, of Louisville, Ky., as reported in *Jour. A. M. A.*, November 16th, at a meeting of the Mississippi Valley Medical Association, said that four years was not long enough to qualify any one for the practice of medicine. In his specialty, obstetrics, “the surgeon of to-day should no more be called on to do a primary perineorrhaphy \* \* \* than to put on forceps \* \* \* yet our obstetricians, for the greater part, assign such work to surgeons, not only in practice, but in teaching the subject.” “Specialists cannot be made in six or eight weeks, yet”—in post-graduate schools, etc., etc.

All of this is not ours, but an abstract from most respectable sources. Perhaps Dr. Frank is right from his viewpoint, but he should remember the stern fact that not every baby arriving in this mundane sphere has the money back of him to call in the ideal obstetrician. \$25.00 is about his limit and frequently beyond. It is also curious to recall the fact that until within the memory of men still living the presence of a man in the lying-in room was regarded as a scandal, all of our countless millions of fore-runners having been ushered into the world by women only. Perhaps, however, owing to our advanced civilization the work has got beyond the skill of women—though he would be a bold man who would dare say so in these days of suffragettes.

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### NEWS ITEMS.

Dr. Marth E. Clark has removed from 334 Bee Bldg., to 426 State Bank Bldg., Omaha, Neb.

Dr. Charles A. Gardner has removed to rooms 424-26-28 State Bank Bldg., 17 and Harney streets, Omaha, Neb.

The Homœopathic Institute of Barcelona, Spain, will translate and print (with permission of the publishers, Messrs. Boericke & Tafel) H. C. Allen's *Materia Medica of the Nosodes*. This will be issued monthly, as a part of *La Homœopathica Practica*, presumably in 8 or 16 page forms so that they may be preserved and bound in book form.

Dr. C. M. Worth has removed from Box Elder, Neb., to Ver-non, Colo.

## PERSONAL.

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How does the germ of putrefaction get into the germ-proof egg that hits the bum actor?

No vile bill-boards on the grand old ocean as there are on the meadows. Thanks be!

Jane Addams, *McClure's*, November, found it "hard to swallow two battleships."

Philadelphia *Evening Bulletin* relates a case of "ossification of the bones."

Even the optimist keeps an eye on his umbrella on a rainy day.

Some persons (at \$1.00 per) will tell you what a really great and unappreciated one you are.

*Punc!* lady said her daughter was "to come out next week." The wash lady asked: "Wot's she in fur?"

"*Witzelsucht*—a tendency to tell stories with little wit, to make puns and laugh at them oneself."—*J. A. M. A.*

Claude says: "When a man's socks do not match his ties he is not taking life seriously, or is hard up."

What moves the Laughing Hyena to mirth? An old, but unanswered query.

When you write "the masses" and the types read "them asses"—oh, well!

When a judge vacantly moves towards "the cafe" and his wife gives him a look, it is the "recall."

George Elliott held that a difference in taste for jokes was a severe test for friendship. Right O!

"How do human beings acquire tape-worm?" N. C. Examining Board question. *Quien sabe!*

"The inscrutable smile," said Binks, "is generally accompanied with a clove."

When we read of the "down trodden," etc., etc., and then look at humanity we know. Well——!

One cannot help admiring John D. for his quiet indifference to the flood of cuss-words.

Once more Boston is the hub, thanks to its red-socks.

The modern matrimonial bonds are bonds.

Claude thinks it is a mean thing for any fellow to give the bride away.

WANTED.—Mother-in-law for interference on foot ball team. Address, Newlywed.

First Girl: "Women always contradict each other." Second girl: "They don't."

Sweet Alice argues that aeroplane licenses should be issued by sky pilots.

Fiction: When the girl marries the poor lover.

The chief use of the house telephone is to avert storms.













